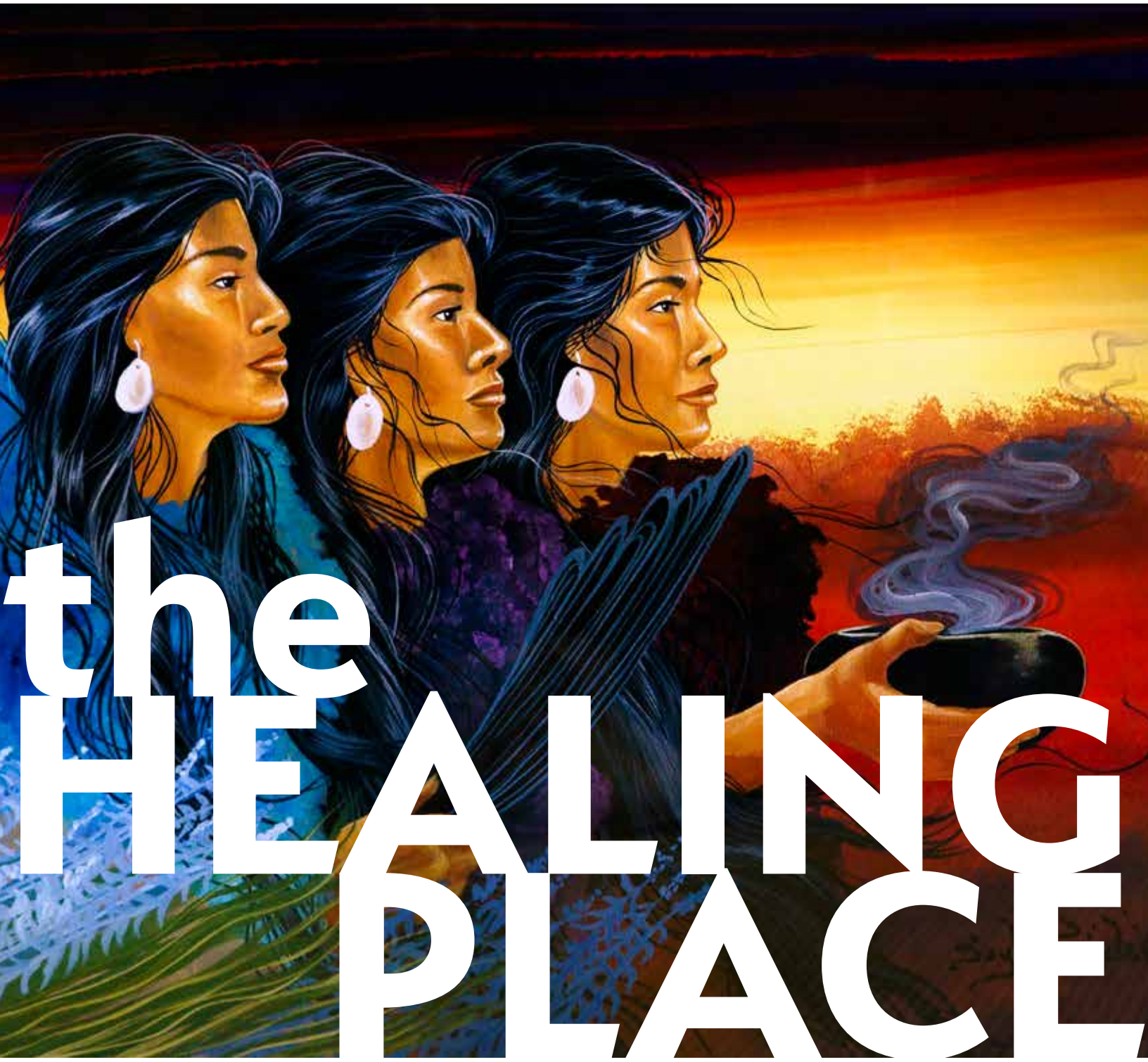
2015-2016 ANNUAL REPORT

NANAANDAWEWIGAMIG



the HEALING PLACE

2015/2016 ANNUAL REPORT

Health Directors Gathering
April 2016

NANAANDAWEWIGAMIG'S GOAL

The goal of the First Nations Health and Social Secretariat of Manitoba (FNHSSM) is for First Nations in Manitoba to have increased opportunities to participate in: the planning & development of a Unified Health System in Manitoba; influence regional and national health policy; health system changes; program development in areas including, but not limited to: health consultation, maternal child health, e-Health/Panorama, youth suicide, mental health, inter-governmental health, research and health governance.

OUR VISION

The objectives of the Nanaandawewigamig is to carry out business in the areas of health and social development for First Nations in Manitoba that are founded in the Treaty and inherent right to health and that are culturally appropriate, holistic, and community-based. To these ends, Nanaandawewigamig will:

i. Develop strategies and initiatives to promote and increase the participation of First Nations in Manitoba in the control and delivery of health;

ii. Pursue tripartite collaboration for a unified health system in Manitoba;

iii. Promote understanding of the health and social issues that affect First Nations through partnerships, research, and collaboration;

iv. Affirm, protect, and incorporate First Nations traditional knowledge and wellness practices; and,

v. Provide innovative programs and services for the well-being of Manitoba's First Nations communities and individuals regardless of their place of residency.

OUR MISSION

The Nanaandawewigamig (FNHSSM) mission is to support Manitoba First Nations in achieving & maintaining total well-being by:

i. Developing innovative PROGRAM & POLICY DEVELOPMENT that incorporates best practices and that supports First Nations communities in the delivery of high quality holistic services;

ii. Upholding & PROTECTING the indigenous values and systems that reflect and respect the voice and knowledge of First Nations people and communities;

iii. Supporting EDUCATION & TRAINING that supports service delivery in First Nations communities, including governance, financial services, planning, and evaluation; and,

iv. Supporting First Nations controlled and administered RESEARCH and EVALUATION that informs government and leadership decisions.

MESSAGE FROM THE BOARD

It's hard to believe another year has already presented its challenges and given way to our successes. Each year I've written on behalf of the Board of Directors and as Chairperson of the board, to share our perspective on our success, performance and strategy. Our organization could not sustain itself and progress into the future without striving to continually improve and integrate guidance from the people we serve.

Nanaandawewigamig is still in its infancy and with hope and determination it continually grows and improves because of the perseverance and steadfastness of the employees and senior management team. Each of the platforms undertaken by the staff have had many challenges to overcome, but in each, they carry numerous contributions and enhancements to the overall wellbeing of the First Nations people of Manitoba.

Further to that, our organization values the contributions, support and guidance it receives from the many boards, councils and leadership, such as the Manitoba First Nations Health Technicians Network, the Manitoba First Nations Health Directors as a collective, the Manitoba First Nations Technology Council, and many more all working toward the same goals.

The Board of Directors are a part of the foundation upon which Nanaandawewigamig builds and evolves, so it is imperative that we continue our support of all initiatives undertaken by the staff and that we provide them with the tools and direction needed to accomplish our organizational vision and goals. Our Board measures the performance of the staff in how they perform amidst ambiguity, how they accomplish their long term goals, and how they adapt to an ever changing landscape of funding and healthcare.

Nanaandawewigamig has a strong senior management team, which is empowered by strategic thinkers. As a board we align our organization with the cultural traditions of these lands, which allows us to attract and recruit some of the best people to build and shape the future of the organization.

Just as striving to be innovators and cultural defenders is important to Nanaandawewigamig, the same is true for our Board of Directors, both past and present. The Board works in as transparent a way as possible in its governance of the organization, and if we find areas that need improvement, we will always take necessary steps to make positive change where it is needed. In its truest form, we are committed to working on behalf of Manitoba's First Nations people and will do our best to provide solutions to some of our hardest challenges. We are very proud to be a part of this wonderful organization.

It is with great pleasure and humility that we present to you Nanaandawewigamig's 2015-16 annual report as we embark on our third year as your regional First Nations health organization.

Ekosani – Mahsi – Wopida – Miigwech.

In the Spirit of Truth and Reconciliation,

Chief Cathy Merrick, Pimicikamak Cree Nation
Board Chairperson

Ardell Cochrane
Director of Health

GOVERNANCE

INTRODUCTION & MANDATE

First Nations Health and Social Secretariat of Manitoba NANAANDAWEWIGAMIG (FNHSSM) was mandated and created effective April 1, 2014 through an Assembly of Manitoba Chiefs Chiefs-in-Assembly Resolution JUL-13.08 Re: Interim Manitoba First Nations Health Incorporated Entity to Pursue Tripartite Collaboration for a Unified Health System that states;

"Therefore be it resolved, that the Chiefs in Assembly approve the following interim corporate entity: Manitoba First Nation Interim Health Secretariat (with Chiefs in Assembly as the membership of the incorporated entity and the Chiefs Task Force on Health to be the Board of Directors)".

The First Nations Health and Social Secretariat of Manitoba's logo was influenced by the spirit name that was given to the entity Nanaandawewigamig meaning "Healing Place." Holistically the logo represents health, healing, learning, growth, sacredness.

GOVERNANCE

The regional entity has continued to work closely with the Nanaandawewigamig Board of Directors, the membership, the AMC Grand Chief's Office, the MFNHTN, the Manitoba First Nations Health Directors, and all of the Manitoba First Nations.

BOARD OF DIRECTORS	APPOINTED
Chief Cathy Merrick, Chair *Cross Lake Band of Indians*	March 6, 2014
Chief Walter Spence *Fox Lake Cree Nation*	January 22, 2014
Chief Gilbert Andrews *God's Lake First Nation*	May 12, 2015
Chief Nelson Genaille *Sapotaweyak Cree Nation*	September 17, 2015
Chief Nelson Houle *Ebb & Flow First Nation*	September 17, 2015
Chief Francine Meeches *Swan Lake First Nation*	September 17, 2015

PAST BOARD MEMBERS	TERM END
Chief Eugene Eastman *O-Chi-Chak-Ko-Sipi First Nation*	May 12, 2016
Chief Jackie Everett, Co-Chair *Berens River First Nation*	November 12, 2015
Chief Frank Abraham, Secretary *Black River First Nation*	March 6, 2015

PAST BOARD MEMBERS	TERM END
Chief Nelson Bunn *Birdtail Sioux Dakota Nation*	March 30, 2015
Chief Arlen Dumas *Mathias Colomb Cree Nation*	March 30, 2015
Chief David Crate *Fisher River Cree Nation*	November 27, 2014
Chief Donavan Fontaine *Sagkeeng First Nation*	August 3, 2014
Chief Louis Constant *York Factory First Nation*	March 6, 2014
Chief Alex McDougall *Wasagamack First Nation*	March 6, 2014

The Health and Social Development team has continued to work diligently in strategically implementing Key Action Areas as indicated by the Manitoba First Nation Health and Wellness Strategy: A 10 Year Plan of Action and Beyond, as well as the Assembly of Manitoba Chiefs (AMC) Grand Chief's Health Renewal Strategy. Both of these Strategies continue to be directional documents that guide the work of the Nanaandawewigamig (FNHSSM) Health & Social team. A continued focus was placed on the health priorities that were consistently identified through various Chiefs Assemblies, Health Directors forums and gatherings with Chiefs, community health workers, community Health Directors and the Manitoba First Nations Health Technicians Network (MFNHTN).

Nanaandawewigamig continues to ensure we work closely with the AMC Council of Elders, Grandmothers Circle and Knowledge Keepers for guidance and advice as we move forward. The organizational structure reflects the transition of AMC Health and Social staff and the Diabetes Integration Project (DIP) into Nanaandawewigamig. The Manitoba First Nations Health Technicians Network stated in July 2014 they wanted to see the new organization move into broader departments such as: Primary Care, Public Health & Chronic Diseases, Mental Health along with planned Research & Evaluation, Training & Education, Program Development with Standards and Quality Assurance.

HISTORICAL OVERVIEW

The Nanaandawewigamig (FNHSSM) Board of Directors officially began meeting on May 3, 2014 and worked with management and staff to establish and develop all administrative, organizational and governance structures. The following is an abstract of what has been accomplished to date:

- Review, amend, and pass organizing resolutions
- Review, direct and support through resolution various matters dealing with health and social programs, contracts and funding arrangements
- Review and approve all Nanaandawewigamig (FNHSSM) work plans and budgets
- Review and approve Nanaandawewigamig (FNHSSM) Personnel Policy Manual and the Financial Procedures and Policy Manual
- Review all legalities including all Human Resource issues and Board Liability Insurance for transfer
- Ensure all matters with the set-up and effective administration of the Nanaandawewigamig (FNHSSM) were acted upon and completed
- Respond to numerous health and social program issues as required
- Provide overall direction on all health program areas on matters raised
- Discussions and recommendations to the AMC ECC on the merger of the Diabetes Integration Program (DIP) with the Nanaandawewigamig (FNHSSM)
- Review and recommend work and direction for the Community Engagement Framework for Tripartite Collaboration
- Develop, review, and direct final revisions to the Nanaandawewigamig (FNHSSM) and AMC Service Purchase Agreement (SPA) for Financial Services to the new Health entity
- Provide guidance and direction to AMC to ensure the final details for full transfer July 1, 2015 of finance and employees to Nanaandawewigamig
- Provide guidance and work with the Diabetes Integration Project for the full transfer of finance and employees to Nanaandawewigamig April 1, 2016

CHIEFS-IN-ASSEMBLY & ANNUAL MEMBERSHIP MEETINGS

- July 21 - 23, 2015
- March 8 - 10, 2016

NANAANDAWEWIGAMIG (FNHSSM) BOARD OF DIRECTORS MEETINGS

- April 16, 2015
- April 26 & 27, 2015
- May 22, 2015
- June 2, 2015
- June 23, 2015
- July 15, 2015
- July 20, 2015
- September 10, 2015
- November 10, 2015
- December 11, 2015
- January 20, 2016
- February 5, 2016
- February 19, 2016
- March 7, 2016

These meetings were held to ensure regional technical input, leadership direction and support into planning as a two-way process to address health priority areas, concerns and issues. All staff have facilitated major efforts in providing presentations, issue sheets, briefing notes, reports, research projects, initiatives and correspondence for the Board of Directors, Nanaandawewigamig (FNHSSM) Membership (Chiefs in Assembly), AMC Grand Chief's Office, the MFNHTN, and the Manitoba First Nations Health Directors for discussion, direction and approval. Health remains a standing item at AMC ECC meetings. As well, regional and national meetings engaging First Nations, provincial, federal and non-government organizations have been attended.

REPORTING STRUCTURE

The Nanaandawewigamig (FNHSSM) works collaboratively with the 61 member First Nations of the Assembly of Manitoba Chiefs, the seven (7) Tribal Councils and the three (3) Regional PTO's in Manitoba. The Membership at all times consists of the Chiefs, who are members to the AMC. It is understood that Nanaandawewigamig does not compete for resources with First Nations or Tribal Councils, but focuses on macro level services and those initiatives that can only be provided based on economies of scale (regional in focus). The Nanaandawewigamig (FNHSSM) must continue to be a standing item for discussion at all AMC ECC and MFNHTN, to continually provide updates and to solicit feedback into the on-going development of the Nanaandawewigamig (FNHSSM).

With regards to reporting, internally all departmental Directors report to the Director of Health who reports to the Board of Directors. The Chairperson provides updates to the AMC Executive Council of Chiefs and reports at least annually to the Nanaandawewigamig Membership (Chiefs-in-Assembly) for support and direction.

Regular updates are provided to the Manitoba Health Technicians Network who provide input into the following areas:

- eHealth/Telehealth/Panorama
- Health Information & Research
- Partners for Engagement and Knowledge Exchange (PEKE)
- Intergovernmental Committee on Manitoba First Nations Health (ICMFNH) – Technical Working Group and Senior Officials Steering Committee
- MFNs Health & Wellness Strategy – A 10 Year Plan of Action – Report Card – ongoing;
- AFN and FNIHB Joint Steering Committee on NIHB;
- Maternal Child Health
- Community Engagement
- First Nations Regional Early Childhood, Education and Employment Survey
- Regional Health Survey
- Innovation in Community-based Primary Health Care Supporting Transformation in the Health of First Nation and Rural and Remote Manitoba Communities (IPHIT)
- Cancer Care
- Statement of Principles on a Tripartite Process to Transfer Health Services to First Nations in Manitoba
- Jordan's Principle
- Health Information Governance Committee
- Personal Care Homes

MANAGEMENT AND ADMINISTRATION

STAFF

Ardell Cochrane
Director of Health

Amanda Meawasige
Health Policy Analyst/Researcher

Jolene Mercer
Health Policy Analyst/Researcher

Jerilyn Huson
Administrative Assistant

KEY ISSUES & CHALLENGES

Consistent and on-going communication and consultation to all stakeholders (leadership, technicians and communities) remains a challenge in all aspects of First Nations health planning. The Nanaandawewigamig (FNHSSM) is looking for innovative ways to identify communication gaps and to develop strategies to refine the approach as directed by technicians and communities.

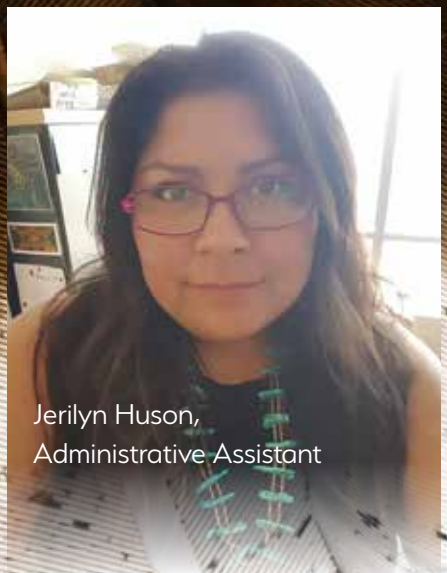
Adequate resourcing both fiscal and human continue to be a palpable challenge for Nanaandawewigamig (FNHSSM). However, given the newly incorporated status, the articles for this incorporation provide for the opportunity to explore diverse funding arrangements outside of limited government contribution funding. It is also hoped that stakeholders can mutually devise a strategy to ensure the participation of technicians and communities in moving forward to assume greater autonomy of health and social services.

LINKAGES TO FIRST NATION COMMUNITIES

This past year numerous meetings were held directly with the Manitoba First Nations Health Technicians Network on June 24 & 25, 2015, September 1 – 3, 2015 and January 13 & 15, 2016

Based on the July 2014 feedback and direction from the Health Directors Nanaandawewigamig (FNHSSM) will focus on:

- Program development including standards and quality assurance
- First Nation controlled Research and Evaluation that informs governments and leadership decision-making
- Policy analysis and development
- Developing strategies and initiatives to support First Nations control of health
- Pursue Tripartite Collaboration between First Nations, Federal, and Provincial governments for a Unified Health System in Manitoba for First Nations
- Regional education and training
- Work with Elders and Healers to define standards and to recognize traditional healers
- Strategic development in areas identified by communities and tribal councils
- In cases of where economies of scale dictate service delivery on a regional basis
- Economic development opportunities in health
- Interprovincial collaboration to pursue best practice models
- Strategic data collection and sharing
- Affirming and protecting traditional healing, and incorporating traditional healing and wellness into western medical systems (Aboriginal Health and Wellness, HSC)
- Impact analysis on population health models



Jerilyn Huson,
Administrative Assistant

STATUS OF ACTIVITIES FOR 2015 – 2016

- Nanaandawewigamig (FNHSSM) continues to work collaboratively with the Manitoba First Nations Health Technicians Network (MFNHTN) to define their role and responsibilities and create a more formal relationship. We will be engaging the Health Directors in Strategic Planning to assist in developing a more formal process to engage the Health Directors as an Advisory Body to the Nanaandawewigamig and the Board of Directors, and to define a clearer process for decision-making and to strengthen our communications across all levels
- The AMC Chiefs in Assembly, AMC Executive Council of Chiefs, Elders Council, Grandmothers Circle and the MFNHTN play a key role in developing the Manitoba First Nation Community Engagement Framework and options for consideration towards a made in Manitoba model
- Nanaandawewigamig (FNHSSM) assisted in securing partial funding for the North and South Liaison positions at AMC. They will be responsible for strengthening intergovernmental relationships to raise awareness of First Nation health needs. The positions will assist in forming effective relationships with Manitoba First Nations Chiefs and Councils, Tribal Councils and PTO's to assist in the development of organizational and enhanced First Nations governance capacity.
- Nanaandawewigamig staff participate on the National Joint Steering Committee on the Review of the National Non-Insured Health Benefits Program
- Nanaandawewigamig continues to assist the work of the Manitoba First Nations Personal Care Home Networking Group to identify ways and means of meeting provincial licencing standards
- Nanaandawewigamig continued to participate as an observer in the Terms of Reference Officials Working Group on Jordan's Principle with federal and provincial representatives. The government is working on a RFP process to develop Report Number 2 which will take a detailed look into the gaps in services for children with complex medical needs. Due to the recent Human Rights Tribunal it is expected the narrow definition will be expanded and the case conferencing to case resolution model will be broadened in scope. Nanaandawewigamig continued to work with our contractor to finalize the Jordan's Principle Evaluation which we will present to the leadership at the fall 2016 Annual General Meeting of the Membership
- Work continued on two research projects this past year in our partnership with Cancer Care Manitoba, BC, NWT and Alta on a "storywork" project that uses videos and journaling to document the First Nations cancer journey. This project focuses specifically on diagnosis, delivery and access, and has a mechanism to engage doctors and oncologists to effect systems changes for the benefit of First Nations people
- Nanaandawewigamig continued to provide technical support to the Drianna Ross Inquest which was completed in January 2016. We worked collectively with the Keewatin Tribal Council and God's Lake First Nation to advocate on behalf of the family during the Inquest which included strong recommendations to improve primary health care at the community level

"We will be engaging the Health Directors in Strategic Planning to assist in developing a more formal process to engage the Health Directors as an Advisory Body to the Nanaandawewigamig and the Board of Directors, and to define a clearer process for decision-making and to strengthen our communications across all levels"

ACCOMPLISHMENTS FOR 2015 - 2016

- Held first annual Nanaandawewigamig Membership Meeting March 2016 in Dakota Tipi First Nation
- Continued work to establish the Nanaandawewigamig Regional First Nations Health organization pursuing tripartite collaboration for a unified health system
- Assisted in the development of a Statement of Principles on a Tripartite Process of Health Services to First Nations which was endorsed by Resolution at the Joint Annual General Meeting of Nanaandawewigamig and the AMC in March 2016
- Developed a "draft" Joint Statement for a Renewed Relationship between Nanaandawewigamig and FNIHB to work more closely toward improved health outcomes for First Nations which requires the involvement of First Nations in Manitoba
- Developed and received funding for the First Nation Community Engagement Framework which was endorsed by the AMC Chiefs in Assembly in January 2011 (FNIHB still needs to fully fund this initiative)
- All Nanaandawewigamig (FNHSSM) health financial and record keeping were separated from AMC to Nanaandawewigamig accounting system April 1, 2015
- All AMC Health and Social Staff were fully transferred to Nanaandawewigamig (FNHSSM) on July 1, 2015
- All Diabetes Integration Project staff and operations were fully transferred to Nanaandawewigamig as of April 1, 2016
- Discussions began this year with the University of Manitoba to establish a formal partnership agreement
- Secured office space for Nanaandawewigamig staff which is now housed on the 3rd, 6th and 17th floors at 275 Portage Avenue.

RESEARCH

STAFF

Kathi Avery Kinew
Manager of Social Development and Research Initiatives

Leona Star
Research Associate, Coordinator of Manitoba Regional Health Survey (RHS) & Regional Education, Employment and Early Childhood Development Survey (REEES)

Leanne Gillis
Community Liaison & RHS/REEES Administrative Assistant

Krishna Modupalli & Venkata Ramayanam
Statistical Analyst

Wendy Fontaine
Partners for Engagement & Knowledge Exchange (PEKE) Coordinator

Nayane Brose
Partners for Engagement & Knowledge Exchange (PEKE) Communications/Research Assistant

INTRODUCTION

From surveys to interviews, sharing circles, testimonials, to analyzing population health statistics, to documenting history - this is First Nations data. The Chiefs determined by Resolution JAN.07-01 that is entrenched in the Assembly of Manitoba Chiefs' Constitution that research with First Nations must follow these conditions: (i) Free, Prior and Informed consent (by individual consent and by collective consent, through Chief and Council or First Nation organization authority); (ii) First Nations OCAP Principles, that First Nations have Ownership, Control, Access and Possession of their own data; (iii) First Nations Ethical Standards, whether that be Dakota, Dene, Ininiw, Anishinaabe or Assininew.

More and more, First Nations are designing our own research, gathering data, and analyzing and interpreting this information from First Nations perspectives. No longer are First Nations subjects of research but we are leaders and partners in research.

HEALTH INFORMATION RESEARCH GOVERNANCE COMMITTEE - FIRST NATIONS RESEARCH ETHICS BOARD

The Manitoba First Nations Health Information Research Governance Committee (HIRGC), has a 19 year track record of overseeing the First Nations Regional Health Survey (RHS) and reviewing the ethics and benefits of any research proposals by academics regarding First Nations health. AMC Research staff and HIRGC offer advice to university researchers on how to engage First Nations partners. HIRGC is entering a new phase of this responsibility and staff transferring to the Chiefs in Assembly new entity, Nanaandawewigamig (the Healing Place), the First Nations Health and Social Secretariat of Manitoba (FNHSSM).

During 2016 HIRGC will be transitioning into a new era of wholistic health research, including social determinants of health. Social Determinants of Health (SDoH) involves all those underpinnings of our everyday life that impact health - housing, education, income, nutrition, environment, social relationships, etc.. For First Nations, SDoH also includes our relationship with the lands, waters; our ceremonies and teachings; and the impact of colonization and historic trauma as well as the everyday racism. What we know to be true is that Pimatiziwin is the legacy of our ancestors, that gift of life is what we are given, and we have our own responsibility. Health care systems alone will not make us healthy. We will.

FIRST NATIONS INFORMATION GOVERNANCE CENTRE (FNIGC)

The Assembly of Manitoba Chiefs is one of the founding partners of the First Nations Information Governance Centre, which originated from the First Nations Health Directors across Canada meeting as an AFN technical committee, the First Nations Health Information Governance Committee in the early 1990s. These intrepid people, including the late Audrey Leader of Pimaymootang First Nation, led the development of the Regional Health Survey (RHS) and the foundational principles of First Nations OCAP. FNIGC negotiates the national surveys which are collected in each region for regional reports, and then rolled up into a national reports. Each First Nation controls its own data, which is kept securely on a server at FNHSSM. No one can access First Nations data without First Nation permission. Partnering regions such as the FNHSSM continue to take the lead to ensure national surveys like the RHS and REEES meet the guidelines of our own Manitoba First Nations (MFNs) research ethics as set out by the AMC Health Information Research Governance Committee.

FIRST NATIONS REGIONAL HEALTH SURVEY (RHS)

The RHS is unique in the world in being designed and delivered by First Nations with a cultural framework and code of ethics, and collecting and interpreting data in a valid and reliable way, according to academic standards. Our first phase of RHS data led to the national First Nations anti-tobacco strategy being funded and now continues to provide evidence (data) that developed programs and continued investment for the following: Home & Community Care, Aboriginal Head Start Program, Children's Oral Health Initiative, and the Aboriginal Diabetes Initiative. In 2015 will be the fourth time we have collected evidence through interviews - and now enables trend analysis - for leadership to lobby for increased resources and change toward self-determination.

"Our first phase of RHS data led to the national First Nations anti-tobacco strategy being funded and now continues to provide evidence (data) that developed programs and continued investment for the following: Home & Community Care, Aboriginal Head Start Program, Children's Oral Health Initiative, and the Aboriginal Diabetes Initiative."

FIRST NATIONS REGIONAL EARLY CHILDHOOD, EDUCATION AND EMPLOYMENT SURVEY (REEES)

The REEES is a national survey of First Nations that focuses on the wellbeing of First Nations living on reserve in 250 First Nations across Canada. The REEES is nationally coordinated by the First Nations Information Governance Centre (FNIGC). Following the framework and methodology of the RHS, the MFN REEES team has worked with MFNs who were randomly selected to participate in the REEES through collecting BCRs, providing trainings session and presentations upon request from MFNs and tribal councils.

PARTNERS FOR ENGAGEMENT & KNOWLEDGE EXCHANGE (PEKE)

FNHSSM is entering into year 2 of a project that is called, Partners for Engagement and Knowledge Exchange (PEKE). This project is funded through Pathways to Health Equity for Aboriginal Peoples (Pathways), an institute within Canada Institutes for Health Research (CIHR). The FNHSSM PEKE is one of three PEKE projects across Canada, and the only regional organization to receive funding directly from CIHR. The goal of the FNHSSM PEKE project is to facilitate and create spaces of Knowledge Translation and Exchange to work towards Action (KTEA) with First Nations communities, members, community-based health professionals and service providers, leaders and Traditional Knowledge Keepers, community-based health researchers, health professions, and decision and policy makers within Manitoba, nationally and internationally.

"Each First Nation controls its own data, which is kept securely on a server at FNHSSM. No one can access First Nations data without First Nation permission."

KEY ISSUES & CHALLENGES

FIRST NATIONS REGIONAL HEALTH SURVEY (RHS)

One of the major challenge identified was the potential of survey fatigue for those MFNs who have been selected to participate in both the REEES and RHS. To avoid overburdening our MFNs our region has waited until the FNREEES is completed data collection was completed and preliminary analysis could be returned to participating MFNs before launching the RHS. Our region launched the RHS in October 2015, starting with those MFNs who did not participate in the FNREEES to avoid overburdening those communities who participated in the REEES.

Linkage to First Nation Communities

HEALTH INFORMATION RESEARCH GOVERNANCE COMMITTEE (HIRGC) - FIRST NATIONS RESEARCH ETHICS BOARD

The HIRGC is composed of 8 First Nation members: two Tribal Health Directors from the North, and two from the South; one Independent Health Director from the North, and one from the South; an Elder and a Youth Representative (appointed by and reports to the AMC Youth Council); and one First Nations academic advisor.

First Nations Information Governance Centre (FNIGC)

In 2011, the FNIG Committee was supported by then National Chief Phil Fontaine and the Executive to pursue an independent national coordinating body to carry out the Committee's duties. The FNIG Committee became the First Nations Information Governance Centre based on resolutions from the AFN AGA and supported by resolutions passed by ten regions across Canada. Each region across Canada sits on the Board of Directors of FNIGC, to ensure each region has a voice that contributes to the direction of FNIGC. FNIGC negotiates with funders national surveys which are collected in each region for regional reports, and then rolled up into a national reports. Each First Nation controls its own data, which is kept securely on a server at FNHSSM. No one can access First Nations data without First Nation permission.

FIRST NATIONS REGIONAL HEALTH SURVEY (RHS)

HIRGC continues to provide oversight and guidance to the MFN Research Centre where RHS datasets from 1996-1997, 2002-2003 and 2008-2010 and REEES 20 are currently stored. The MFN Research Centre includes access protocols and procedures to ensure the confidentiality of individuals who participated in the RHS continues to be protected. HIRGC does not provide approvals for individual community level analysis, permission can only be provided by that individual MFN. HIRGC only provides review and approval for regional level data requests.

In October 2015, the RHS was launched with a traditional feast attended by the HIRGC and the MFN RHS team. Our targeted number of people to interview is 4456 within 40 MFNs by September 31st, 2016. The MFN RHS team is working with each of the MFNs who have been randomly selected to participate. All letters of invitations have been sent to the selected 40 MFNs, once a FN has agreed to participate (submission of BCR or Statement of Participation) then the MFN hires up to 2 data collectors from their First Nation who will be trained by the MFN RHS team.

FIRST NATIONS REGIONAL EARLY CHILDHOOD, EDUCATION AND EMPLOYMENT SURVEY (REEES)

The MFN REEES team has worked under the direction of the MFNs Regional REEES Advisory Committee (RAC) since 2012. The REEES RAC is composed of First Nations based on their knowledge and expertise in the areas of education, employment and early childhood development, research, service delivery and advocacy. The members select a rotating Chairperson from among their respective membership. The role of the RAC is to provide expert ongoing advice, as required, on various aspects regarding terminology and survey content for questionnaire development to ensure the data collected is meaningful to Manitoba First Nations, organizations and all partners.

Within the Manitoba region First Nations data collectors interviewed 3837 individuals who live on reserve, achieving 82.2% of our targeted sample within 35 MFN. The MFN REEES team worked with each MFNs who have been randomly selected to participate. Each MFN is required to submit a BCR as a first step, once the BCR is received then the MFN hires up to 2 data collectors from their First Nation who are trained by the MFN REEES team. The MFN REEES team successfully trained 95 data collectors in 35 MFNs between December 2013 and March 2015.

PARTNERS FOR ENGAGEMENT & KNOWLEDGE EXCHANGE (PEKE)

FNHSSM PEKE Traditional Knowledge Keepers assures the direction, guidance and vision of FNHSSM PEKE is led by Indigenous knowledge and practices. Each Knowledge Keeper shares and provides leadership from their own area of expertise and the understanding that was shared and passed on to them from Elders, family leaders, guides and Traditional teachers from the perspective of the Ojibway, Cree, OjiCree, Dene, and Dakota knowledge systems.

Mide Aki Gathering
May 2016

STATUS OF ACTIVITIES FOR 2015—2016

HEALTH INFORMATION RESEARCH GOVERNANCE COMMITTEE - FIRST NATIONS RESEARCH ETHICS BOARD

HIRGC continues to provide oversight and guidance to the MFN Research Centre AMC where RHS datasets from 1996-1997, 2002-2003 and 2008-2010 are currently stored. The MFN Research Centre includes access protocols and procedures to ensure the confidentiality of individuals who participated in the RHS continues to be protected. AMC HIRGC does not provide approvals for individual community level analysis, permission can only be provided by that individual MFN. AMC only provides review and approval for regional level data requests. The MFN Research Data Centre also provides the opportunity for MFNs to store their own research data within the centre, to be OCAP compliant themselves instead of transferring their research data to an academic institution or an outside entity. It provides our MFNs with the support to repatriate some of their data that they could not possess themselves in the past due to lack of infrastructure and resources. In 2016, the MFN research team will also be implementing a cost recovery fee for data access requests and a data storage fee based on the FNIGC data center model. These fees will only apply to non FNs, academics or government access request and will undergo the regional review process for data access.

First Nations Information Research Governance Centre (FNIGC)

FNIGC has launched an online OCAP training program developing tools for training in OCAP, has led the registration and trademarking of OCAP, has negotiated new online data tools FNHSSM will soon to be using to provide more immediate and visual analysis of RHS and REEES date. There are more opportunities for survey research done in collaboration with all regions across Canada, providing leadership with national, regional, and community specific data. With your own Information Sharing Agreements among First Nations, data can also be analyzed for tribal areas to Treaty areas. The National online RHS data tool can be found at www.fnigc.com.

"PEKE team consists of 50 plus members from across Canada and internationally."

MFN RESEARCH CENTRE

As a region we are now taking the First Nations principles of OCAP one step further by establishing our own regional FNREEES server that was installed at AMC by the MFN REEES and RHS team in 2010. The server has created the opportunity for the Manitoba region to receive surveys electronically directly from data collectors instead of the relying on a server managed by FNIGC located in Ottawa. Now that data collection for the REEES is completed in our region, FNIGC received a copy of the interview data to contribute to a national FNREEES report. A Manitoba regional report will also be written at the end by the end of September 2016 and community profiles will also be returned to MFNs who participated in the REEES. In keeping with the principles of OCAP, returning data in the form of community profiles is key in ensuring communities have access to their data.

FIRST NATIONS REGIONAL HEALTH SURVEY (RHS)

The National launch of Phase 3 of the RHS was set to begin the spring of 2015, nationally the RHS is happening in 250 First Nations communities in 10 regions across Canada: Yukon, Northwest Territories, British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland. Regionally 40 MFNs have been selected to participate. Upon completion of data collection and analysis, the data will be released in a series of targeted reports in 2016-2017 regionally and nationally. Our team is also working on returning profiles from the 2002-03 RHS for MFNs to use as a baseline to plan their programs, services and apply for new funding to address any gaps in their community plans.

PARTNERS FOR ENGAGEMENT & KNOWLEDGE EXCHANGE (PEKE)

FNHSSM PEKE team consists of 50 plus members from across Canada and internationally. They meet quarterly and provide advice and support for the development and implementation of the Knowledge Translation, Exchange into Action (KTEA). There are five FNHSSM PEKE Knowledge Teams: Suicide Prevention, Diabetes/Obesity, Tuberculosis, Oral Health and Social Determinants of Health and each Knowledge Team is made up of members of the full committee based on their area of knowledge and expertise. FNHSSM PEKE hosts monthly online webinars to share, exchange and/or create partnerships across Manitoba, Canada and internationally.

Accomplishments for 2015-2016

FIRST NATIONS REGIONAL EARLY CHILDHOOD, EDUCATION AND EMPLOYMENT SURVEY (REEES)

The MFN REEES team wrapped up data collection and began analysis on the data that was collected in the REEES by First Nations data collectors and mobile team members. As of June 2015 the MB region collected 3845 out of 4670, which is 82.3% of the targeted sample. The MFN REEES team also brought together the MFN REEES Advisory Committee and REEES data collectors to participate in a lessons learned gathering in the January 2016 to identify the challenges and successes the REEES.

PARTNERS FOR ENGAGEMENT & KNOWLEDGE EXCHANGE (PEKE)

Some of the knowledge translation and exchange activities that have occurred this year through the expansion of our networks by connecting through eblasts, posters, Facebook and Twitter ads. We have continued to work on building and strengthening partnerships with the following projects: Manitoba Food Matters (Tim Stevenson), Devotion, DREAM, AYMP (Jon McGavock), Dene Research project (Linda Larcombe)

FNHSSM PEKE hosted seven webinars between April 2015 and March 2016, reaching 587 people across Canada and internationally. The webinars focus on First Nations health programs, projects and research that focus on diabetes/obesity, suicide prevention, tuberculosis, oral health and social determinants of health. The aim of the webinars is to build a united community of health knowledge. The PEKE webinars have provided opportunities to ensure First Nations and Indigenous health focused programs and research are supported and strengthened through collaboration between First Nations and non-First Nations; focus and highlight First Nations and Indigenous people's current health providing practices influenced by our culture and traditions that has always positively contributed to our health and wellbeing.

"As of June 2015 the MB region collected 3845 out of 4670, which is 82.3% of the targeted sample."

OTHER RESEARCH ACCOMPLISHMENTS

Anishinaabe Nibi Gathering held in the Whiteshell, Ontario

The Anishinaabe Nibi Gathering took place at Bannock Point (Manitou Api), in the Whiteshell Provincial Park on June 18-21, 2015. The gathering was co-hosted by FNHSSM, the Centre for Human Rights Research (CHRR) with the University of Manitoba, and the Kenora Chiefs Advisory (KCA). The aim of the gathering was to support the transmission of cultural and legal knowledge relating to water, through stories, teachings, songs, ceremonies and artistic expression. We focused on engaging youth in active learning, awareness and participation, with an emphasis on continuing engagement, responsibility and action as it relates to water. The gathering brought together 100 people to learn about our responsibilities to water within an outdoor teaching lodge located at a sacred site and teachings were provided in the Anishinaabe language.

Mide Aki Gathering
Bannock Point
May 2016

CONGRATULATIONS!

TO ALL THE GRADUATES OF THE

CERTIFIED FIRST NATIONS HEALTH

NAME		ORGANIZATION
Bear	Doris	Peguis First Nation
Beardy	Lisa	Dauphin River First Nation
Blom	Brenda	KTC
Bone	James	Keeseekoowenin First Nation Health Centre
Cameron	Paula	Swan Lake First Nation
Clarke	Steven	Whiskyjack Treatment Centre
Flett	Elvin	St. Theresa Point First Nation Health Authority
Garson	Cindy	Fisher River Cree Nation Health
Gosselin	Guy	Ginew Wellness Centre
Houle	Lillian	Ebb & Flow First Nation Health Centre
Kozak	Roxanne	Whiskyjack Treatment Centre
Lavallee	Rose	The Diabetes Integration Project Inc.
Linklater	Rene	O-Pipon-Na-Piwin Cree Nation
McDonald	Diane	WRTC Health Department
Meawasige	Amanda	Nanaandawewigamig
Mercer	Doug	South East Resource Development Council
Mercer	Jolene	Nanaandawewigamig
Munro	Garry	Cree Nation Tribal Health
Samuel	Sarah	Northlands First Nation
Sandy	Wanda	Canupawakpa Health Services
Scott	Litonya	Dakota Ojibway Health Authority
Stagg	Mari	Interlake Reserves Tribal Council
Traverse	Gwen	Pinaymootang Health Centre
Wood	Andy	Neewin Health Care

MANAGERS PROGRAM

TITLE

Health Director
Health Director
Former Health Director
Health Director
Health Director
Director of Programs
Health Program Coordinator
Director of Health
Executive Director
Health Director
Executive Director and Accreditation Lead
Registered Nurse
Health Director
Executive Director
Health Policy Analyst
Health Director
Health Policy Analyst
Executive Director
Health Director
Health Director
Director of Health
NNADAP Coordinator
Executive Health Director
Executive Director

COMMUNITY-BASED PRIMARY HEALTH CARE RESEARCH PROJECT:

"Innovation in Community-based Primary Healthcare Supporting Transformation in the Health of First Nations and Rural/remote communities in Manitoba"

STAFF

Wanda Phillips-Beck, RN, BN, MSc.
Nurse Research Manager.

Stephanie Sinclair, BA, MA,
Study Coordinator/Community Development Specialist

INTRODUCTION

The iPHIT program of research is a 5 year project lead by Dr. Alan Katz, University of Manitoba, in collaboration with the First Nations Health and Social Secretariat of Manitoba. We have 8 First Nation community partners and 4 additional FN that participated in surveys to help us learn about community based primary health-care services in First Nation, rural and remote communities in Manitoba. There are 5 independent research projects with both a university based and indigenous team leader. **Study 1A:** is a community based participatory research project describing the various models of community-based primary health care (CBPHC) in First Nation communities. **Study 1B:** is a quantitative research project that is utilizing Manitoba Health administrative data to examine how communities are faring in terms of hospitalizations for ambulatory care sensitive conditions (ACSC) - those hospitalizations that are potentially avoidable. **Study 1C:** is a series of surveys with three distinct participants - patients, providers and health managers/organizers to help us better understand community based primary health care services in these communities. **Study 1D:** is scheduled later in 2015-16 and will document more in depth those models of care that have been successful in reducing hospitalizations for ACSC or have reported innovations that may have impacted health outcomes in a positive way. **Study 1E:** Understanding Mental Wellbeing in First Nation Communities.
This research project aims to:

- Work with First Nation communities that have developed different primary health care delivery models;
- Describe these models of care;
- Identify key ingredients for success from the perspective of First Nations and rural and remote communities;
- Further develop healthcare models to improve the scope and delivery of community-based primary healthcare services; AND
- Support the implementation of these models in other communities to bring about better health outcomes.


Stephanie Sinclair & Wanda Phillips-Beck

STATUS OF ACTIVITIES

Study 1A: "Community-based Participatory Research" (Dr. Rachel Eni and Leona Star – team leads) is a qualitative study that began in October 2013 with the signing of the Research Agreements with our participating communities and continued until March 31, 2016. Grace Kyoon-Achan, who joined the project in August, 2014 worked collaboratively with the Nurse Research Manager and the Research Assistant (Nick Krueger) to complete a community by community analysis of the data collected to date. All communities were visited by Grace/Nick and/or Wanda and Stephanie over the course of the year. Community workshops were attended by 12-27 community members who had an opportunity to hear what major themes were emerging from the data in their respective communities. These workshops were an effective means of validating and clarifying what was said; or providing input on the interpretation of the data. The sessions were lively and engaging.
The LRA's wrapped up data collection in March, 2016 with the Mental Wellness interviews and surveys. The Knowledge Keepers or Elders had a opportunity to tell their stories and had valuable information and wisdom to share. The information collected through the interviews and focus groups was very valuable in understanding and describing how Knowledge Keepers or Elders perceived mental wellness in the past and how communities maintained mental

wellbeing utilizing their own strengths, culture and traditions now and in the past. It was also important for understanding the realities of mental wellness in First Nation communities. As a result, a Mental Health Framework was developed and validated by each of the communities. This framework will be the focus of the qualitative work in 2016.17.

Study 1B: "Mapping Hospitalizations for Ambulatory Care Sensitive Conditions (ACSC) in First Nation and Rural & Remote Communities" data analysis was completed for this project this fiscal year. The Manitoba Centre for Health Policy is a data repository that houses many data sets that includes hospitalization and physician services data collected by Manitoba Health. This project looked at administrative data to explore and compare hospitalizations for ACSC by community (First Nation, Rural, Remote and all Manitoba) and map out these trends over time. This study showed very important differences between communities that have access to primary health care and those that do not. Summaries of the findings are being created and findings will be disseminated in 2016.17.

Study 1C: Cross Sectional Surveys describing Models of Primary Healthcare is a project national in scope that commenced at the beginning of the research project across all 12 funded Primary Health Care Research projects in Canada. The work of the 12 teams included agreeing on a set of indicators to assess Primary Healthcare in all regions. Stephanie Sinclair joined the team half time to coordinate the data collection and analysis. 12 FN communities and 6 non-FN rural communities participated in data collection. The data is currently being analyzed.

Study 1D: Case Studies: Communities that are demonstrating improved health outcomes will be studied in more in-depth in 2016.17. These case studies will be important so that other communities may benefit from their innovations.

Study 1E: Understanding Mental Wellbeing in FN communities. Data collection was completed for the Mental Wellbeing surveys at the end of 2015.16. The survey data will be analyzed in 16.17.

Knowledge Exchange: each of the 8 First Nation sites organized workshops and had an opportunity to hear back about their community specific results from members of the FNHSSM/University research teams. A larger gathering of the FNHSSM, University and community research teams and leadership took place on March 19 & 20, 2016.

"Communication and building the relationship between [Nanaandawewigamig] and the First Nations has been a key to the success of the project."

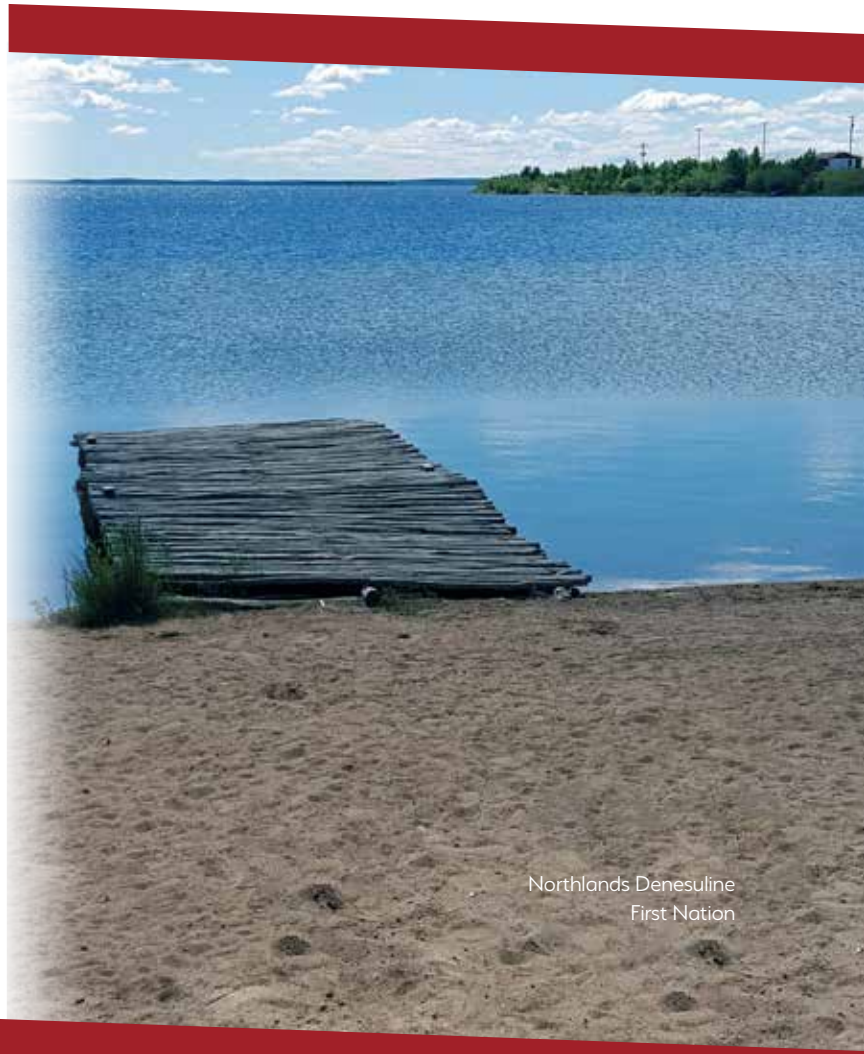
KEY ISSUES AND CHALLENGES

Each of the research projects requires ongoing communication and contact with communities. Having the Nurse Research Manager continues to be factor in successfully in bridging the communication between the research team and communities. Communication and building the relationship between FNHSSM and the First Nations has been a key to the success of the project.

LINKAGES TO FIRST NATION COMMUNITIES

There are 8 community partners participating in the Research Project. Each community has been an active participant in the research. Each community has recruited and hired a Local Research Assistant and has established a Local Advisory Committee to provide advice and support to the research project. The member communities are:

- Berens River First Nation
- Birdtail Sioux First Nation
- Cross Lake Band of Indians
- Ebb and Flow First Nation
- Fisher River Cree Nation
- Nisichawayasihk Cree Nation
- Northlands Denesuline First Nation
- Pinaymootang First Nation



Northlands Denesuline First Nation

KEY ACCOMPLISHMENTS FOR THE IPHIT RESEARCH PROJECT ARE:

- The FNHSSM and the Health Information Research Governance Committee maintained oversight over the research project, ensuring that the research adheres to the three ethical principles: 1) Free prior and informed consent on an individual and collective basis, 2) OCAP over data and research process and 3) that First Nation ethical protocols are respected.
- The FNHSSM coordinated a successful gathering of the research team and members from the 8 community sites in March 2016 on the 17th floor boardroom of FNHSSM. This was the 2nd Annual Honouring our Voices gathering. The room was packed to capacity with over 45 people in attendance. This workshop was also attended by decision makers from Health Canada, Manitoba Health and our FNHSSM Board of Directors Chair, Chief Cathy Merrick. The workshop was facilitated by Kathi Avery Kinew, who is also a Principal Investigator. The purpose of this workshop was to jointly interpret results, share ideas and learn from each other. The workshop was open and interactive; the communities had a rare opportunity to share information among fellow First Nations and share their perspectives with the research team.
- Professional development and training opportunities were provided to Local Research Assistants from 8 of our participating communities: Berens River, Birdtail Sioux; Cross Lake; Ebb and Flow FN; Fisher River; Pinaymootang FN; Nelson House & Northlands Denesuline First Nation. Research topics included: Why and how research benefits our FN communities & First Nations ethical guidelines and OCAP.
- The Local Research Assistants completed of over 300 surveys in 8 FN communities for the survey study. This study examined the experiences of First Nation community members means from their perspective to identify strengths and opportunities for further improvement.
- Wanda Phillips-Beck and Stephanie Sinclair actively participated in data collection in 6 rural non-First Nation communities in Manitoba.
- Stephanie actively participated in Cross Teams Common Indicator Working Group and in the creation of the Cross Teams Primary Health Care Indicator survey and adapted the survey to our local context along with our 8 FN Local Research Assistants
- Grace Kyoon-Achan, University of Manitoba Post-Doctoral Fellow and research partner actively participated in the Cross Teams Working Group leadership team. In that role, she participated in meetings, drafted group documents and shared information about the IPHIT project with the other 12 funded teams across Canada.
- Nick Krueger, BScMed student created the 3 Cross Teams Common Indicator Survey using Entryware, an electronic data collection tool, provided in kind by Leona Star and the RHS team to do data collection. All surveys were collected electronically.
- Wanda, Stephanie and Grace Kyoon-Achan, presented at the North American Primary Health Care Research Group (NAPCRG) Conference in Cancun Mexico in October 2015 on the Mental Health Framework, developed in collaboration with our 8 First Nation communities from the interviews with Elders and Knowledge Keepers.
- Naser Ibriham, Research Associate with the University of Manitoba and analyst for the Administrative Data Study chairing the organizing committee for the 3rd Annual Indigenous Health Research Symposium within which one of the iPHIT workshops took place (November 2015).
- Wanda, Stephanie, Grace and Naser provided 3 separate presentations on the iPHIT research at the 3rd Annual Manitoba First Nation Centre for Aboriginal Health Research Symposium in November 2015.
- All team members and 8 communities participated in making sense of the data via workshop at the iPHIT Data Analysis workshop in conjunction with the 3rd Annual Manitoba First Nation Centre for Aboriginal Health Research Symposium in November 2015
- Data was returned to the community via presentation and workshop format to all 8 First Nation research Communities. Wanda, Stephanie, Grace and Nick Krueger, BScMed student travelled together, or in pairs for these workshops. The workshops were lively and engaging and each community had an opportunity to provide feedback and participate in the interpretation of the results.
- Wanda, Stephanie, Grace and Naser presented at the Canadian Association for Health Services Policy Research (CAHSPR) in May, 2016 on two of the research projects.
- All team members participated in writing and preparing to publish the results. There are presently 5 papers in progress and another 8 papers identified for the research project.

STRENGTHENING FAMILIES MATERNAL CHILD HEALTH

STAFF

Rhonda Campbell
Nurse Program Advisor

Debra Hart-Swanson
Peer Resource Specialist

Joyce Wilson
Administrative Assistant/Peer Support Worker

INTRODUCTION

The MCH Nurse Program Advisor and the practice support team continues to support and guide the development of the Strengthening Families Maternal Child Health Program to 16 First Nation communities: Brokenhead, Cross Lake, Dakota Tipi, Garden Hill, Keeseekoowenin, Long Plain, Nelson House, Norway House, OCN, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng, Waywayseecappo, and Hollow Water. This support falls under six broad categories: 1) Service delivery support; 2) Professional practice and peer support; 3) Professional development and training; 4) Information and data management; 5) Maternal-Child advocacy and policy advisory; and 6) Maternal-Child Health Research and evidence based focus.

LINKAGES TO FIRST NATION COMMUNITIES

Service Delivery Support for Home Visitation: Community MCH programs continued to deliver high quality services in the communities to address early childhood development and foster culturally supportive parenting to families. There was a total of 2284 home-visits done in the 16 communities to deliver curriculum, and 76 case management services for complex cases were provided by the communities. The home-visiting program helps to build community capacity by supporting families to help them better identify and meet the needs the families have identified as goals. Home-visitors build on the families existing skills and provide opportunities for families to learn through experience and increasing the families' awareness and confidence to enable them to participate more fully in their communities. MCH programs delivered 131 health promotion activities in the communities, topics included prenatal and postnatal care, infant bonding and attachment, nutrition and breastfeeding, fostering growth and development, oral hygiene, safety, gardening, substance abuse, reproductive health and sexually transmitted and blood borne pathogens and cultural activities. Program staff linked with Elders, CPNP, BFI, CSF, FASD, CHR, Primary Care, Public Health to deliver promotion and prevention activities.

Professional Practice and Peer Support: Letters from the visiting PSN were sent to each community after the visit, providing information on program strengths and opportunities for improvements. Information, feedback and support were provided to communities with an emphasis on striving to achieve quality programming in the communities via: adoption of program standards and implementing internal quality monitoring processes.

- The community leveling criteria utilized information regarding staff retention and ability to meet program standards from the community self-assessment. This allowed for equitable community visits according to needs and performance of each community.
- Site visits were done in 8 communities by the NPA. These visits were to meet the staff and Health Director and review activities and program development for the year.

"There was a total of 2284 home-visits done in the 16 communities to deliver curriculum, and 76 case management services for complex cases were provided by the communities."

Professional Development and Education:

- FNHSSM/Healthy Child Manitoba Joint Training Initiative: FNHSSM and the SF-MCH Administrative Assistant continued to facilitate the Strengthening Families First Nation communities to support families in the program sites. The FNHSSM partnered with Healthy Child Manitoba and the Regional Health Authorities in coordinating and supporting mandatory curriculum training. FNHSSM partnered and cost shared with Healthy Child Manitoba and independently coordinated 4 of the 8 curriculum sessions.
- Sacred Babies training for all Early childhood Cluster: SF-MCH held two training sessions last fiscal period one in Winnipeg and one in Thompson. Program staff included daycare staff, CPNP, AHSOR and MCH.
- Anishinaabe Ombigigiiowsowin Training for Maternal Child Health Staff & Community Workers - March 23 & 24, 2016

- The Quarterly Meetings and Bi-annual Gatherings of all community based MCH staff continued to be a forum for professional development. The FNHSSM Strengthening Families Maternal Child Health Team organized quarterly workshops and educational sessions on various themes that are identified through the Peer Support visits. Topics focused on during the following dates:
  - November 2 & 3, 2015: Meeting for Supervisors and Home visitors. Our focus was on refreshers on program standards and policies, case management, documentation, and Sacred babies resource manual.

STATUS OF ACTIVITIES FOR STRENGTHENING FAMILIES MATERNAL CHILD HEALTH

Strengthening Families Information Management System (SF-IMS): Work has continued on building and strengthening existing program structures. The Strengthening Families Information Management System (SF-IMS) is contracted with Function Four. The system has kept current with First Nation and Inuit Health Branch (FNIHB) Community Based Reporting Template (CBRT) requirements, specifically so that communities are able to generate their statistics that are required for the report, and generate reports for the community for program planning purposes. Data from the SF-IMS will be used to evaluate program outcomes in partnership with the Manitoba Centre of Health Policy and University of Manitoba.

Maternal Child Health Advocacy/Policy Advisory and Research involvement:

- *Child Inquest Review Committee (CIRC):* the Nurse Program Advisor continued as member on the Child Inquest Review Committee with the Office of the Chief Medical Examiner. This work has been really valuable in networking with physicians, regional health authorities, child and family services, policing and other children's organizations in understanding some of the factors contributing to child deaths, and understanding critical factors related to SIDS and Infant Mortality in Manitoba. Assembly of Manitoba Chiefs/FNHSSM has been involved with the Children's Inquest Review Committee which reviews cases of children and youth between 0-17 years of age who have passed on due to unnatural causes to determine if an Inquest should be called on a monthly basis. A Briefing Note with recommendations are forwarded to the Director of Health of FNHSSM to share with Health Technicians.
- *Manitoba First Nations Regional Child Development Advisory Committee (ex-officio):* Direction on the overall planning, implementation and evaluation of the programs on a regional and national level; Providing support to the development of principles, guidelines, policies, standards, training, project evaluation, funding criteria, networking and renewed decisions; Providing support and input into the development of regional annual work plans and coordinate efforts to carry out those work plans; Reviewing and advising on the overall implementation of HCD community based projects on an annual basis; Acting in the best interest of First Nations children and families according to the values of respect and responsibility; Advocacy for equitable, adequate and sustained funding; Determine the communication strategy for dissemination of information and policy direction to designated First nations programs; and Advocating for programs and resource development to specifically address issues of the Healthy Child Development programs. Meets quarterly.
- *Policy and Committee/Working Groups:* the Nurse Program Advisor continued to participate as a member of three Manitoba Provincial Prenatal Initiatives Working Groups. The Prenatal Initiatives committees and working groups were a multilevel/tri-jurisdictional level effort with the goal of bridging the gap in services for women who have to leave home to for childbirth. The working groups are: Member and attended meetings of the Winnipeg Regional Health Authority/ University of Manitoba Partners for Integrated Inner City Prenatal Care (PIIPC) Community Working Group, Prenatal Connections, and Manitoba Breastfeeding Network.
- *Infant Mortality Working Group – and subcommittee:* the Aboriginal Issues Committee of Cabinet directed the creation of a working group to increase the understanding of the principal conditions and factors that contribute to high infant mortality rates and to identify long term and short term strategies for the successful reduction of infant mortality rates in Manitoba. The working group will be accountable to provide progress reports and recommendations to Healthy Child Deputy Ministers Committee Provide summary report and recommendations to Healthy Child Committee of Cabinet and Aboriginal Issues Committee of Cabinet and communicate recommendations to the Clerk of the Executive Council for consideration by the Premier. Meets monthly.
- *Oversight Committee on child and Youth Mental Health (OCCYMH):* to oversee the provincial Children and Youth Mental Health Strategy, reporting through the Healthy Child Deputy Ministers' Committee (HCDMC) to HCCC: will review recommendations brought forward by the CYMH ADMs Committee and other committees and working groups related to child and youth mental health; will provide high-level monitoring of overall progress in the CYMH Strategy and provide feedback to committee(s) and working group(s); will advise on communication with stakeholders, including direct engagement as required.

- *Influenza Working Group:* the members consists of Manitoba Health, FNIHB, FNHSSM, and PTOs to ensure accurate and timely influenza and other communicable diseases information is provided to FN leadership to mobilize community resources. Meets regularly during Flu season
- *Research Committees:* the Nurse Program Advisor participated on a number of research committees or collaborative research projects: Member, Impact of Diabetes during Pregnancy and Breastfeeding on Subsequent Diabetes in First Nations Mothers and Children; Member of the Manitoba Centre for Child Health Research DREAM Advisory Committee (attended regularly scheduled meetings); University of Manitoba – Dr. Garry Shen: The impact of early breastfeeding initiation on obesity in mothers and growth in off-springs: the role of milk-containing hormones; University of Manitoba/Red River College – Dr. Patricia Gregory: Prenatal Care in the Northern Health Region; University of Manitoba – Dr. Bob Schroth: Scaling up the Healthy Smile Happy Child initiative: tailoring and enhancing a community development approach to improve early childhood oral health for First Nations and Metis children; Manitoba Centre of Health Policy/University of Manitoba – Dr. Marni Brownell, Envision: Evaluating Home Visiting Interventions for First Nations Families.

ACCOMPLISHMENTS FOR 2015-16

Sacred Babies: An infant survival guide webinar was done with PEKE and Saint Elizabeth across Canada February 25, 2016. A lot of positive comments were received about the resource tool. Sf-MCH started its first training in Traditional Parenting for home visitors.

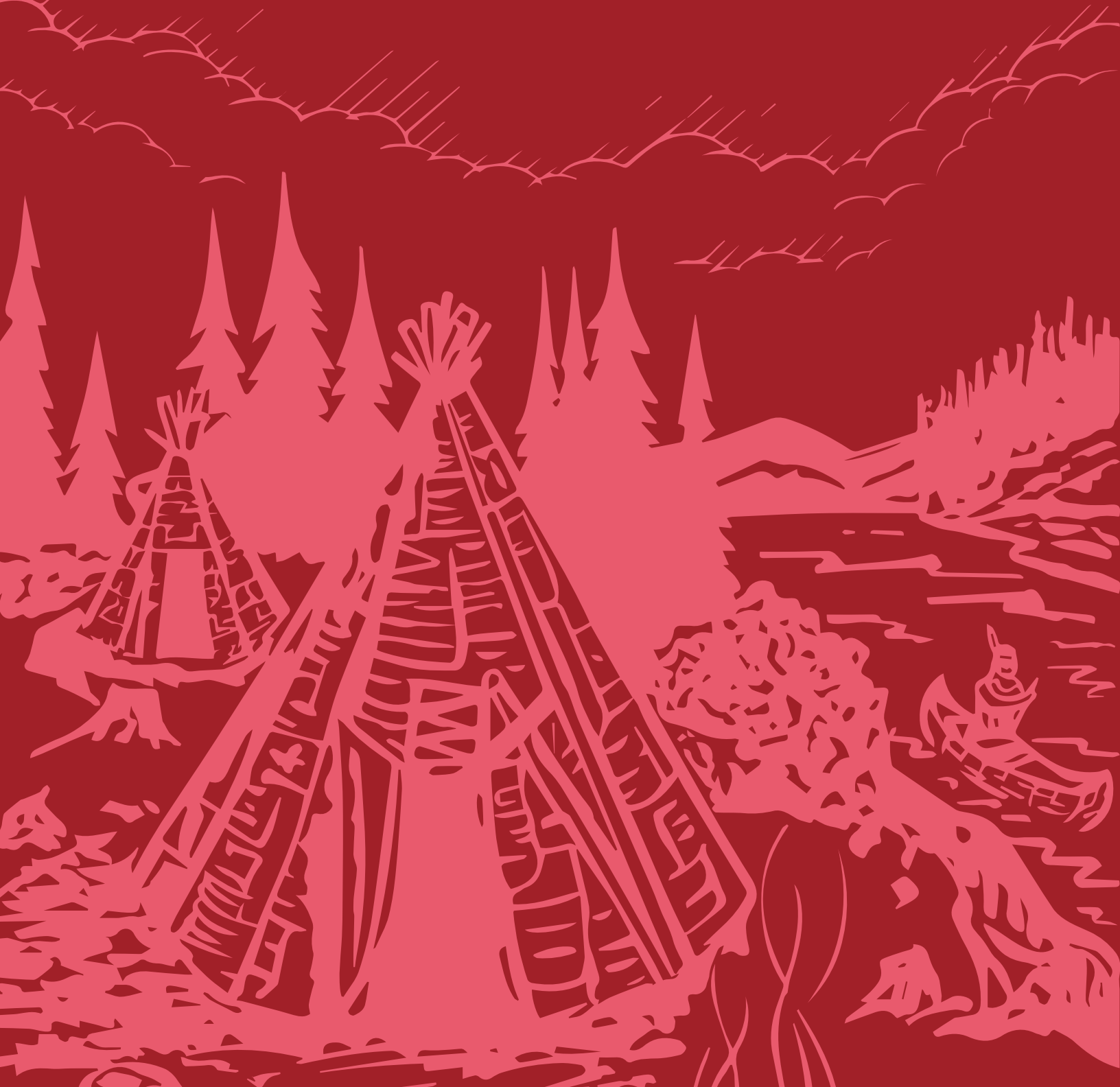
"An infant survival guide webinar was done with PEKE and Saint Elizabeth across Canada February 25, 2016."

Training for 2015-2016

Training	Dates	# of Participants
Integrated Strategies Training	*April 13-17/15 – HCM*	*13 total – 2 MCH / 2 AHSOR / 9 HCM*
	May 25-29/15 – HCM	*15 total – 4 MCH / 12 HCM*
	September 14-18/15 – HCM	*13 total – 3 MCH / 10 HCM*
	September 21-25/16 - MCH	*12 total – 4 MCH / 8 HCM*
	January 11-18/16 – MCH/HCM	*13 total – 3 MCH / 10 HCM*
	February 8-12/16 – HCM	*8 total - 2 MCH / 6 HCM*
Total		**74 total / 18 MCH**
Curriculum Training	*April 27-May 1/16 – HCM*	*7 total – 0 MCH / 7 HCM*
	May 11-15/15 – MCH	*7 total – 4 MCH / 3 HCM*
	June 8-12/15 – MCH	*6 total – 1 MCH / 5 HCM*
	June 15-19/15 – HCM	*6 total – 1 MCH / 5 HCM*
	Sept 28-Oct 2/15 - HCM	*7 total – 4 MCH / 3 HCM*
	October 19-23/15 – HCM	*8 total – 4 MCH / 4 HCM*
	December 14-18/16 - MCH	*5 total – 5 MCH / 0 HCM*
	January 25-29/16 – MCH / HCM	*14 total – 3 MCH / 11 HCM*
	February 22-26/16 – HCM	*6 total – 0 MCH / 6 HCM*
Total		**61 total / 22 MCH**
Quarterly Meetings		
Supervisors & Home Visitors	*November 3-4/15*	*47 SF – MCH participants*
Supervisor Orientation for	*September 28-29/15*	*3 participants*
SF-MCH Staff only	*October 21-22/15*	*2 participants*
	February 23-24/15	*1 participant*
Total		**6 SF-MCH Supervisors**

Training for 2015-2016 (Cont.)

Sacred Babies Curriculum Training		
	January 12 – 13/16	*30 participants 7 MCH / 14 Daycare / 9 CPNP*
	March 17 – 18/16	*16 participants 2 MCH / 14 Daycare < 1yr*
Total		**46 participants**
Traditional Parenting Training		
	March 24 – 24/16	*30 participants 26 MCH*
Total		**30 participants**



SAINT ELIZABETH FIRST NATIONS, INUIT AND MÉTIS PROGRAM

STAFF

Melissa Spence
Program Lead

Jodie Dupas
Program Assistant

Doris Warner
Engagement Liaison

Marney Vermette
Engagement Liaison

Suzanne Stepehenson
Engagement Liaison

INTRODUCTION

Saint Elizabeth is a social enterprise dedicated to the health of people and communities and is involved in virtually every aspect of health care – from system design to service delivery. Saint Elizabeth is continually looking for ways we can impact change in order to create a wiser, more equitable and humane health care system. Our vision is to honour the human face of health care and our dedicated First Nations, Inuit and Métis Program is a key initiative that demonstrates how we live out our vision.

The Saint Elizabeth First Nations, Inuit and Métis (FNIM) Program including the continued utilization of @YourSide Colleague® by Manitoba First Nations (MFNs). This past year has been a year of continued growth and new developments for the program. Currently more than 2400 community health care providers from over 540 FNIM communities and organizations across Canada are accessing our award winning e-learning courses. In Manitoba the Saint Elizabeth FNIM program currently reaches over 608 health care providers from every MFN community and organization, an increase of 62 participants over the past year.

To learn more about the Saint Elizabeth, First Nations, Inuit and Métis Program visit the program's website at: **http://www.saintelizabeth.com/FNIM/About-Us/Program.aspx**

New courses, new initiatives, new partnerships, multiple webinars, knowledge sharing events and training are some of the key activities of the program over the past year. These activities and more are highlighted within this report.

KEY ISSUES & CHALLENGES

The target audience for the program and offerings are health care providers/staff within communities. The key challenges identified for our program is posed by staff turnover in communities and all new staff are knowledgeable of the Saint Elizabeth First Nations, Inuit and Métis (FNIM) Program and are engaged and utilizing our program and offerings.

LINKAGE TO FIRST NATION COMMUNITIES

Through partnership and collaboration, the Saint Elizabeth First Nations, Inuit and Métis (FNIM) Program works to enhance and support the capacity of First Nations, Inuit and Métis communities to understand and solve complex health care issues, improve access and address barriers to care. Activities include partnership, action-based research, online learning, knowledge exchange and mobilization.

"In Manitoba the Saint Elizabeth FNIM program currently reaches over 608 health care providers from every Manitoba First Nation community and organization."

STATUS OF ACTIVITIES FOR 2015 – 2016

In 2015/2016 the SE FNIM Program and the Manitoba Region First Nations and Inuit Home and Community Care (FNIHCC) Program developed a multi-year work plan to guide the objectives and activities under the contract with the First Nations Health and Social Secretariat of Manitoba. This work plan was based on a needs assessment that was distributed to Home and Community Care staff working in MFNs in partnerships with the MB FNIHCC Program.

ACCOMPLISHMENTS FOR 2015 - 2016

Activity 1: Distribution of a Learning Needs Survey (Nurse, Health Care Aide) across MB First Nation Communities.
Outcomes: Survey distributed to Manitoba Home and Community Care Program Nurses and Health Care Aides from May 28- June 19, 2015. A Survey Summary Report was submitted on June 21, 2015 and informed the development of the 2015/2016 Work-plan.

Activity 2: Distribution of a HCA Training Analysis Survey targeting Health Directors and Nurse Managers in Manitoba First Nation communities.
Outcomes: The HCA Training Analysis Survey was distributed June 29-July 31, 2015. A survey report was submitted on August 3, 2015.

Activity 3: Provide a FNIMP Newsletter (January 2014) with information on the following:
- Instructions on How to Gain an aYSC Account
- What are Webinars; where to find upcoming webinars and how to register for a webinar
- Where to find Webinar Recordings, topics available and where to find the Webinar Recordings
- Courses available (13)
- Courses coming soon information
- Course information (Fliers) and where to access them
- Highlight webinars are recorded and courses are available anytime and anywhere!

Outcomes: Distribution of the FNIMP Newsletter to all aYSC Learners via e-blast November 2015.

Activity 4: Delivery of an In-Person HCA Palliative Care Training.
Outcomes: A four day in-person palliative care training was delivered March 7-10, 2016 in Winnipeg Manitoba to nineteen Health Care Aides. Participants attended from all regions of Manitoba. The topics and learning objectives of the training were designed around capacity building in the areas of palliative care. The topics and key concepts of the four day training included:
- Preparing to Care
- Understanding the Dying Process
- Integrating a Palliative Approach into Caregiving
- Increasing Physical Comfort
- Caring in the Last Days and Hours
- Grief and Spirituality
- Caring for You
- Online Education
- Lab Component

A post-training evaluation survey was conducted at the end of session. Of the 19 participants 18 completed the survey. The four key areas of evaluation feedback included; relevancy, appropriateness, effectiveness and adequacy. In summary, for the four days of Integrating a Palliative Approach to Care for Health Care Aides training, participant feedback revealed they felt the amount and level of information covered and the length of each session was just right, they will be able to apply the knowledge learned in the sessions to their practice and they would be interested in attending trainings like this in the future. A summary report was developed and submitted on the training.

Activity 5: In partnership with the FNIHB and Tribal Council HCCP Coordinators and Independent Communities ensure the MB FNIHCC Orientation Course remains current and up to date. Available courses include:
- First Nations Trauma Informed Relationships: Building Safety and Trust
- First Nations Elder Care (English and French)
- First Nations Cancer Care (English & French) (New- Course Topic – Understanding First Nations Cancer Pathways October, 2015)
- First Nations COPD Care
- First Nations Diabetes Circle of Care
- First Nations MB FNI HCCP Orientation
- Palliative Care
- Personal Support Worker
- Wound Care
- Infection Prevention and Control (IPC) (New-Course launched on December 15, 2015)
- Supporting Natural Caregivers Course (New-Launched in June, 2015)

Outcomes: The courses above including the MB Home and Community Orientation courses was accessible to 608 @YourSide Colleague learners from Manitoba region.

Activity 6: Sponsor 10 FN HCC Program staff CDE exam prep study group (delivered by Education Services, Saint Elizabeth and facilitated by an Advance Practice Consultant). Study group ran from Jan -May 2016 with 13-16 study sessions offered.
Outcomes: 7 FN-HCC providers were eligible for sponsorship and were reimbursed the CDE study group registration fee.

Activities 7-9: To enhance the knowledge and skill of FN HCC Providers by providing webinars on the following topics:

- Workplace bullying, violence, harassment and lateral violence.
- Addictions/ alcohol Substance Abuse Care Considerations.
- Mental Health and Traditional Healing

Outcomes: Several attempts were made to partner with other organizations with the knowledge and expertise on the subject matter. Unfortunately all plans fell through primarily due to scheduling conflicts; all webinars will be added to the next fiscal year work-plan. However, other webinars were delivered in partnership with other organizations and the topics are as follows:

- Effective Practices on Building and Maintaining Partnerships - Lessons on Building and Maintaining Partnerships Project
- PEKE- The Healthy Smile Happy Child program for the Prevention of Early Childhood Caries
- PEKE- Promising Practices in Tuberculosis
- PEKE- Alli Kiru: Children's Oral Health and Nutrition Program in a Kichwa Community in Ecuador
- PEKE Diabetes Integration Project: Advancing Indigenous Health
- PEKE Exploring the Effect of Colonization on the Culture of Touch in First Nations
- PEKE- Strengthening our People- Suicide Prevention
- PEKE- Sacred Babies: An Infant Survival Curriculum for Indigenous Families

Activity 10: The planning and delivery of a Discharge Planning Webinar to Winnipeg Regional Health Authority Staff

Outcome: A meeting was held with the WHRA-Aboriginal Health Program Project Lead (Wayne Clark) and designated webinar facilitator (Andrea Asham) on March 2, 2016 to kick-start the planning of the webinar. This project has been deferred to the next fiscal year work-plan.

Activity 11: In partnership with MB Region HCCP staff, HCCP coordinators and independent communities continue to identify HCCP learning needs and deliver education/learning opportunities as feasible.

Outcomes: The following education/learning opportunities was identified and delivered:

- FNIHB- Manitoba Region Joint CHN/HCCP Nursing Orientation, Winnipeg, MB. April 20, 2015- Melissa Spence, Program Lead provided an overview of the program, @YourSide Colleague, courses and e-learning opportunities and update on projects under way.
- IRTC Nurses Quarterly Meeting, Winnipeg, MB. June 9, 2015- Melissa Spence, Program Lead provided an overview of the program, @YourSide Colleague, courses and e-learning opportunities and update on projects under way.
- FARHA HCCP Quarterly Meeting, Winnipeg, MB. September 10, 2015- Melissa Spence, Program Lead provided an overview of the program, @ YourSide Colleague, courses and e-learning opportunities and update on projects under way.
- FNIHB- Manitoba Region Orientation for Health Directors and Tribal Nursing Officers, Winnipeg, MB. September 17, 2015- Melissa Spence, Program Lead provided an overview of the program, @YourSide Colleague, courses and e-learning opportunities and updates on projects under way.
- FNIHB- Manitoba Region Joint CHN/HCCP Nursing Orientation, Winnipeg, MB. October 22, 2015- Melissa Spence, Program Lead provided an overview of the program, @YourSide Colleague, courses and e-learning opportunities and update on projects under way.
- Joint Community Health Nurse/Home and Community Care "Partners In Prevention and Awareness" Meeting, Winnipeg, MB November 4th, 2015- Melissa Spence, Program Lead provided an update as requested on program projects with a focus on the HCCP Projects such as the Nursing Policy and Procedure Manual; RAI Environmental Readiness Scan; and the CHR Training Development Projects.
- Dakota Ojibway Health Services 3rd Quarterly Meeting, Winnipeg, MB. December 2 &3, 2015- Melissa Spence, Program Lead and Jodie Dupas, Program Assistant delivered a 3 hour training session which included an overview and tours of the program website and @YourSide Colleague; on-line participant navigation of the @YourSide Colleague; Navigation of the Trauma Informed Relationships: Building Safety and Trust course and on-line learning.
- Diabetes Integration Project Workshop, Feb 11 & 12, 2016- Melissa Spence, Program Lead, Program Lead and Jodie Dupas, Program Assistant, Program Assistant delivered 5 presentations over the two days on the program and education and professional development resources offered. The participants were provided an opportunity to gain access to @YSC, navigate the Diabetes Circle Care of Course and learn about additional eLearning opportunities such as live and recorded webinars in a supportive learning environment.

In addition to activities related to the work plan, the FNIM program undertook several other initiatives specifically related to Manitoba First Nation communities. These include but are not limited to the following:

A. FIRST NATION SUPPORTING NATURAL CAREGIVERS TRIAL PHASE:
The main goals and objectives of the trial phase was to invite First Nation communities trial, evaluate and provide feedback on the process of developing or enhancing a caregiver education and support network by utilizing the newly released online First Nations Supporting Natural Caregiver Course. This process ensures the course and its resources will meet the needs of communities across the country in setting up or enhancing their own caregiver education and support network.

B. RESIDENT ASSESSMENT INSTRUMENT (RAI) ENVIRONMENT SCAN PROJECT:
Saint Elizabeth Health Care (Saint Elizabeth) is pleased to respond to a request for a proposal by First Nations and Inuit Health Branch (FNIHB)-Manitoba Region to conduct an environmental readiness scan for the implementation of the Resident Assessment Instrument (RAI) in the MB Home and Community Care Program (HCCP). In December 2015, Saint Elizabeth received confirmation from FNIHB- Manitoba Region that its proposal was successful in receiving funding in the amount of $23,463. Saint Elizabeth has begun the work of gaining an understanding of Manitoba FNIH Home and Community Care Program readiness for implementing interRAI and make recommendations for the next phase of implementation.

C. Manitoba First Nations and Inuit Home and Community Care Nursing Policy and Procedure Project:
Saint Elizabeth Health Care (Saint Elizabeth) was the successful proponent to a request for a proposal by First Nations and Inuit Health Branch (FNIHB)-Manitoba Region to update the FNIHB HCCP Nursing Policy and Procedure Manual (2007) for the Home and Community Care Program (HCCP). The Manual will be updated using best practice guidelines, FNIHB HCCP Nursing Procedure Policy Manual (2007), RHA nursing procedure manuals, Saint Elizabeth's policies and procedures and other sources. The updated HCCP Nursing Policy and Procedure Manual will be informed from the feedback collected from the HCCP Nursing Policy and Procedure Manual Working Group (NPPMWG).

D. FNIHB CHR/CHW TRAINING DEVELOPMENT-YEAR 1 DEFINING THE CORE CHR/CHW COMPETENCIES AND CURRICULUM DEVELOPMENT:

Saint Elizabeth Health Care (Saint Elizabeth) was the successful proponent to a request for a proposal by First Nations Inuit Health Branch (FNIHB) – Manitoba Region and First Nations Health and Social Secretariat of Manitoba (FNHSSM) to work in partnership with Manitoba First Nation Communities to better define the broad range of roles and responsibilities that Community Health Representatives (CHRs) / Community Health Workers (CHWs) undertake and to define core knowledge and skill competencies required to successfully fulfill the role.

COMMUNITY ENGAGEMENT

STAFF

Kathleen Bluesky
Director of Engagement and Collaboration

Leona J Daniels
Lead Facilitator

Brett Huson
Communications Specialist

Cecilia Baker
Northern Independent Coordinator

Dion McGivor
Keewatin Tribal Council

Keely Ten Fingers
Dakota Ojibway Tribal Council

Lee Spence
Southern Economic Resource Development Corporation

Larry Catagas
West Region Tribal Council

Alex McDougall
Four Arrows Tribal Council

Wendy Prince
Cree Nation Tribal Health

Vacant
Southern Independent Coordinator

Vacant
Interlake Region Tribal Council

INTRODUCTION

Nanaandawewigamig, the First Nations Health and Social Secretariat of Manitoba (FNHSSM), and the Federal Government have commenced a 3 year First Nations Community Engagement Initiative, titled First Nations Coming Together: A Community Engagement Framework, with the 63 MB First Nation communities. MB Chiefs-in-Assembly fully support the initiative. The goal for community engagement is to inform 3 key areas that will shape the organizational structures and functions, including but not limited to: (1). Supporting First Nations to determine their own knowledge processes to lead improvements in health. (2). Defining the structures and processes of FNHSSM to ensure that the regional organization functions to influence positive developments and opportunities at the community level. (3). Determine the goals and objectives for engagement with the Province of Manitoba and the Federal government as it relates to collaboration and tripartite actions that will support First Nation governance and funding requirements for the delivery of health and wellness services to First Nations.

KEY ISSUES & CHALLENGES

Nanaandawewigamig has not received confirmed funding levels from FNIHB for 2016-17. Tribal Councils are concerned with having to cash manage the project. Nanaandawewigamig may be able to sustain the current levels of staff until October 31, 2016. Nanaandawewigamig may not receive sufficient resources to roll out the strategy as outlined within the MA-MA-WE 'ESHI-CHE-KE-WIN MA-MA-WAN-JI-IDI-WAG First Nations Coming Together in Unity: A Community Engagement Framework. And as directed by the Chiefs-in-Assembly in 2010 "to move forward with community engagement facilitated by the community and Tribal Council Health Directors...".

Manitoba's support, involvement and participation is needed.

Continued suspicion and mistrust, by some MB FNs, of Nanaandawewigamig regarding the intentions of Community Engagement and its approach to creating a 'unified health system'.

Communications: miscommunication, misunderstanding and confusion regarding Nanaandawewigamig as a stand-alone non-profit and its relationship with AMC.

Conflicting schedules in securing BCR and Letter of Support from communities.

LINKAGE TO FIRST NATION COMMUNITIES

Nanaandawewigamig is committed to capturing the voices of community members in an authentic way. With increasing populations numbers and the increasing rates of health concerns and issues it is paramount that health and wellness interventions resonate with community people. Engagement with communities is honed towards finding specific input in creating health and wellness models that will enhance First Nations to strive culturally, socially and economically. Nanaandawewigamig recognizes that each First Nation community has specific needs and engagement with each community differs slightly although the issues may look similar.

The community engagement strategy facilitates questions based on the needs of First Nation people and seeks to find out what is working and what is not working. Engagement sessions are geared towards specific audiences because the needs of youth, Elders and young families differs.

The community engagement initiative is driven towards having authentic dialogue around the visions and aspirations of communities and leads towards finding solutions to complex and intergenerational problems.

Questions facilitated in the Community Engagement Session revolve around themes.

- **Theme 1: Understanding the Situation/ Building the Relationship**
  Discussion focuses on capturing stories of current health and wellness situations, economic situation, resource availability, organizational functioning and health literacy.

- **Theme 2: Sharing of Information/Informed Decisions**
  Research findings and best practice approaches are shared with participants and facilitation techniques are encouraging participants to apply new knowledge to their lived experience. The goal of this exercise is to encourage new solutions to existing problems in their community.

- **Theme 3: Creating Solutions**
  Discussion focuses creating solutions rooted in cultural practices, traditional ways and nationhood identity.

All themes are rooted in four main questions:

1. Do you want your community to have more control in decisions that impact our health care, services and outcomes?
2. Do you want a completely new model?
3. Do you (or does your community) want FNIHB to continue the way it is?
4. What is wellness and wholistic health from a First Nations perspective?

STATUS OF ACTIVITIES FOR 2015 – 2016

- Engaged 63 First Nations Health Directors from across Manitoba in 3-day Gathering.
- Engaged in initial meetings with 51 of the 63 First Nations communities, Leadership, Health Directors and health staff.
- To date Nanaandawewigamig has received 26 Band Council Resolutions (BCRS as well has facilitated 11 Community Engagement Sessions.
- Completed 2 Coordinator Training Sessions to acquire culturally-based skills and knowledge to train community-based teams, development of the First Nations Health and Wellness Community Profile, and how to respond to experiences of trauma and share resources for healing. Through these training sessions the Coordinators also developed 4 Models for Engagement with communities.
- In addition, Nanaandawewigamig has developed numerous tools and templates to support facilitation and communication. We have a detailed communication strategy and communication tools for supporting outreach in communities.

ACCOMPLISHMENTS FOR 2015 – 2016

- To date, 210 Community members were extremely interested in participating in engagement sessions and have given liaisons oral promises to attend future sessions.
- Youth and Elders have eagerly participated in the community engagement sessions and have offered different perspectives on topics such as diabetes, death, personal care homes and interwoven within each topic is the intrinsic desire for change for this generation and the generations to come.
- Participants recognize the limits of using their voice but are still motivated to sharing information and making informed decisions on topics that are relevant to health and wellness.
- Engagement Models workshop activities are welcomed and participants respect the opportunity to share their story.
- Community Liaisons are recognized as leaders and facilitators in the community engagement process.

INTERGOVERNMENTAL COMMITTEE ON MANITOBA FIRST NATIONS HEALTH AND SOCIAL DEVELOPMENT SECRETARIAT

STAFF

Kathleen BlueSky
ICMFNHSD Coordinator

Jolene Mercer
Acting ICMFNHSD Coordinator (May 1 – July 29, 2016)

Stephanie Sinclair
Policy Analyst/Researcher

Donna Toulouse
Administrative Assistant

INTRODUCTION

The Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHSD) was established to achieve greater coordination and collaboration among First Nations, federal and provincial governments to address common health issues specifically for First Nations in Manitoba.

The ICMFNHSD Secretariat provides daily administrative support, coordination, and developmental assistance to the Working Group and Senior Officials Steering Committee to work towards the following key objectives:

1. Collectively develop evidence-based, innovative solutions and recommendations that:
   - Promote and advance wholistic population health approaches; and
   - Engage communities, Elders, Grandmothers, and traditional healers and incorporates traditional healing methods into health and well-being approaches.
   - Support and advance First Nation control and management by linking partners, health and social organizations and communities to engage in decisions affecting First Nation health, well-being and social development.

2. Collectively develop and champion the implementation of policy options to advance the goal of a sustainable and seamless continuum of care.

KEY ISSUES & CHALLENGES

One of the key challenges this year was the completion of the development of a First Nations Model of Wellness, which was delayed due to budget and human resource reductions. In addition, the transfer of AMC health unit (including ICMFNHSD) to Nanaandawewigamig required a period of transition and planning that required a re-organization of office space. Processes are still being defined to support collaboration between Nanaandawewigamig, MKO and SCO at the technical level. An outline has been completed however, collaborative meetings with First Nations partners (MKO, SCO) are required to fully develop a working draft and finalize the model.

LINKAGE TO FIRST NATION COMMUNITIES

The ICMFNHSD continued to maintain linkages to the communities by supporting 3 meetings with the Standing Council of Elders and Grandmothers. The purpose of the meetings was to ensure that the work being undertaken by ICMFNHSD would be informed by the Elders and Grandmothers. The 3 meetings were:

- Grandmothers Gathering: May 29, 2015, Turtle Lodge, Sagkeeng First Nation
- Elders and Grandmothers Gathering - December 18 & 19, 2015 - Turtle Lodge
- Rebuilding our Families Gathering - Turtle Lodge, Sagkeeng First Nation - January 12 & 13, 2016

Regular communication was also maintained with First Nation community representatives. Presentations to the Manitoba First Nations Health Technician Network, Chiefs Task Force on Health and the Board of Directors comprised of Chiefs on numerous occasions throughout the year. These presentations allowed for the Chiefs as well as the Tribal Council and Independent Health Directors to have input into the yearly activity for ICMNHSD.

The ICMFNHSD has also been providing technical assistance to support Giigewigamig. Giigewigamig is a joint partnership between Sagkeeng, Black River, Hollow Water and the Pine Falls Hospital to bring a Traditional Healing Centre into the hospital.

STATUS OF ACTIVITIES FOR 2015 – 2016

2015-16 was the first year of operations in which the ICMFNHSD partners focused on a more wholistic approach to First Nations health, investing greater time into the recognition and integration of traditional perspectives in addressing the determinants of health. A First Nations Model of Wellness has been outlined and will be utilized as a engagement tool with all First Nations communities.

In addition, the SOSC engaged in a 2 full day working sessions to review and amend the ICMFHSD Terms of Reference and to produce a Collaborative Work Plan that reflects these new perspectives and approaches.

ACCOMPLISHMENTS FOR 2015 – 2016

This past year was extremely busy for the ICMFNHSD, highlighted below are some of the accomplishments:

- A draft Literature Review of International Models of Wellness was produced to inform the development of an indigenous model in Manitoba.
- Coordinated regular Grandmother Council and Elder Meetings to provide spiritual guidance and direction with respect to drafting an outline for the development of the First Nations Model of Wellness:
  - The ICMFNHSD partnered with the Turtle Lodge to host a Grandmothers Gathering which was held on May 29, 2015, Turtle Lodge, Sagkeeng First Nation.
  - Partnered with the Turtle Lodge to host an Elders and Grandmothers Gathering on December 18 & 19, 2015 at the Turtle Lodge, Sagkeeng First Nation.
  - Partnered with the Turtle Lodge to host the Rebuilding our Families Gathering on January 12th and 13th at the Turtle Lodge, Sagkeeng First Nation.

During the meetings and gatherings, recommendations and actions required were given to address the root causes of related health and social concerns (symptoms) and identified Public Health priorities.

- Supported the coordination of Igniting the Fire September 8th – 11th, 2016 at the Turtle Lodge in Sagkeeng First Nation with over 80 participants including Elders and Grandmothers from Cree, Ojibway, Dakota, and Oji-Cree Nations. Recommendations were made by the Elders and Grandmothers regarding:
  - Preservation of the languages
  - Restoration of cultural identity
  - Reclaiming traditional family practices
- Completed one-on-one interviews with Grandmothers, Elders, and Healers to identify First Nations approaches, methods, and protocols for cultural restoration and wholistic wellness. Interviews will continue into the next fiscal year and the information gathered will be used to inform the First Nations Model of Wellness.
- Coordinated a gathering that focused on early childhood cultural and spiritual development which incorporated traditional learning approaches, methods, and protocols. The gathering focused on children experiencing the teachings, ceremonies, and healing ways in their language within a family group. Families were supported to attend the gathering held at the Turtle Lodge from August 23rd – September 4th, 2016. There were 161 First Nations participants from four language groups - Cree, Ojibway, Dakota, and Oji-Cree.

The ICMFNHSD is committed to continuing the work with the Grandmothers and Elders and incorporating those teachings into the future work of the committee.

eHEALTH

STAFF:

Lisa Clarke
eHealth Director

William (Bill) Murdoch
Information & Communication Technology (ICT) Network Liaison

Tatenda Bwawa
First Nation Panorama Project Coordinator

Brenda Sanderson
Panorama eHealth Coordinator

Gwen Gillan
First Nation Panorama Trainer

Jonathan Fleury
Project Manager - Manitoba First Nations Technology Council

Doug Thomas
Communications Specialist

Tracy Thomas
eHealth Program Assistant

INTRODUCTION

The eHealth unit of Nanaandawewigamig, the First Nations Health and Social Secretariat of Manitoba (FNHSSM), continues activities to implement the Manitoba First Nations (MFNs) eHealth Long Term Strategy: A 10 Year Plan for Action 2012-2022. This includes the coordination, liaison, networking and partnering with First Nations, provincial and regional eHealth colleagues and information communication technology (ICT) services which impact community, regional and national current and planned activities. "eHealth" is the use of ICTs in health care with the goal of increasing the coordination of care, utilizing said tools to overcome barriers of remoteness and isolation to provide increased access to healthcare. It can be a combination of Telehealth, eChart, Panorama, cEMR, EMR and other electronic health applications.

KEY ISSUES AND CHALLENGES

1. Closing the Digital Divide

First Nations have historically been the "have nots" when it comes to revolutions, in this case the Technology Revolution. Nanaandawewigamig seeks to close the digital divide and have Manitoba's First Nations become the "haves" via the development of a future ICT Centre of Excellence, infrastructure, First Nations owned and operated networks. "People, who do not have the money, skills, and access to computers and networks, cannot use computers effectively. As a result, these patient populations (which would actually benefit the most from health information) are those who are the least likely to benefit from advances in information technology, unless political measures ensure equitable access for all. The digital divide currently runs between rural vs. urban populations, rich vs. poor, young vs. old, male vs. female people, and between neglected/rare vs. common diseases." (Journal of Medical Internet Research, https://www.jmir.org/2001/2/e20/). Closing the digital divide is a concerted effort that requires the will, buy-in and unity of all the First Nations, the politicians, the educators, the funders and most importantly the grassroots people.

2. Connectivity

Once the Feasibility Study ($800K) was completed in March 2015 for the five projects it became evident that there was a gap in getting from the Study to the business development portion. The holistic plan addresses the needs of all 63 MFN communities. The solution is affordable, robust, scalable, sustainable, and where possible maintained "in house" by the communities it serves. The key is to leverage this MFN Network as an asset to support costs, education and training as well as affordable scaling as needs increase. In order to provide a comprehensive plan that leads the BMFNNF Project from the current status through to the commencement of the communications services, i.e. "Roadmap Development".

Firstly the 5 projects are:

i. Northern Modular Datacentre
ii. Traditional fiber Deployments
iii. Forest Floor/Marsh fiber Deployments
iv. Community WiFi
v. Fiber-To-The-Home

Another $250K was contributed by INAC from the First Nations Infrastructure Fund to get to the final business development component that is currently being negotiated for 2016-beyond. The Roadmap contains a 1) Business Case (Technical & Financial components), 2) Legal Structure, and 3) Market Sounding. Once this component is complete negotiations will occur to implement Phase 2A, the detailed engineering component and business case for the Nanaandawewigamig membership to discuss and vote on. Then finally the Build can occur. The Manitoba First Nations Technology Council continues to drive full speed ahead in the implementation of the Building the MFNs Network of the Future: The Gateway to Economic Development Opportunities.

3. PANORAMA

- Delay in Deployment (Roll-Out) of Immunization Module
  - The Information Sharing Agreement (ISA) is integral to the data exchange and
  - ensuring OCAP is adhered to. The First Nation – Provincial ISA is complete. The delay lies with the Federal – Provincial ISA that is currently tied up in legal negotiations. Thus deployment has been delayed for over a year.
  - The Investigation and Outbreak Management Module is critical and deployment has not been funded to date. The former government did not have funding for this critical element – although this was the original reason for development of Panorama across Canada to meet World Health Organizations recommendations after the SARS epidemic worldwide.
- First Nations identifiers
  - Will assist communities to access data to plan and manage public health service delivery
  - Essential to First Nations aggregate data and must be honored and adhere to OCAP
  - E.g.'s – i) distinction between "First Nations", "Inuit", "Metis", instead of being grouped into "Aboriginal"; ii) 10 digit treaty number as opposed to organization via postal code.

4. INTEROPERABILITY – "DATA EXCHANGE" BETWEEN SYSTEMS

- Multiple data entry into multiple systems is increasing time & effort, instead of increasing the coordination of care
- With data exchange the higher quality health service delivery model is more complete, accurate, efficient & timely.
- There is no single system that can do everything. Mustimuhw cEMR has proven to be the tool of choice in the Health Centre environment, a cEMR w/ targeted interoperability can meet 80%+ of core needs. Manitoba First Nations want Mustimuhw to be interoperable with Panorama—eChart—provincial eMR

5. GOVERNANCE

Although the MFNs eHLTS exists there is no official implementation of the Strategy into FNIHB's and Manitoba eHealth's Long Term Strategy / Vision. It was evident that with the Building the MFNs Network of the Future Initiative that the MFN Technology Council was getting bombarded with activities focused on the Build. Thus a more clear focus on the eHealth initiatives was required and the "eANISKOPITAK - Tying together the clusters through eHealth systems" was formed – a First Nations governance body mandated by the AMC Chiefs in Assembly via Resolution MAR-16.05. The mission is to carry out the "Manitoba First Nations (MFNs) eHealth Long Term Strategy (eHLTS): A 10-Year Plan for Action 2012-2022" that outlines the 6 Overall Goals of First Nations driven wholistic planning for implementation of eHealth tools to assist with & enhance healthcare delivery in an OCAP compliant environment.

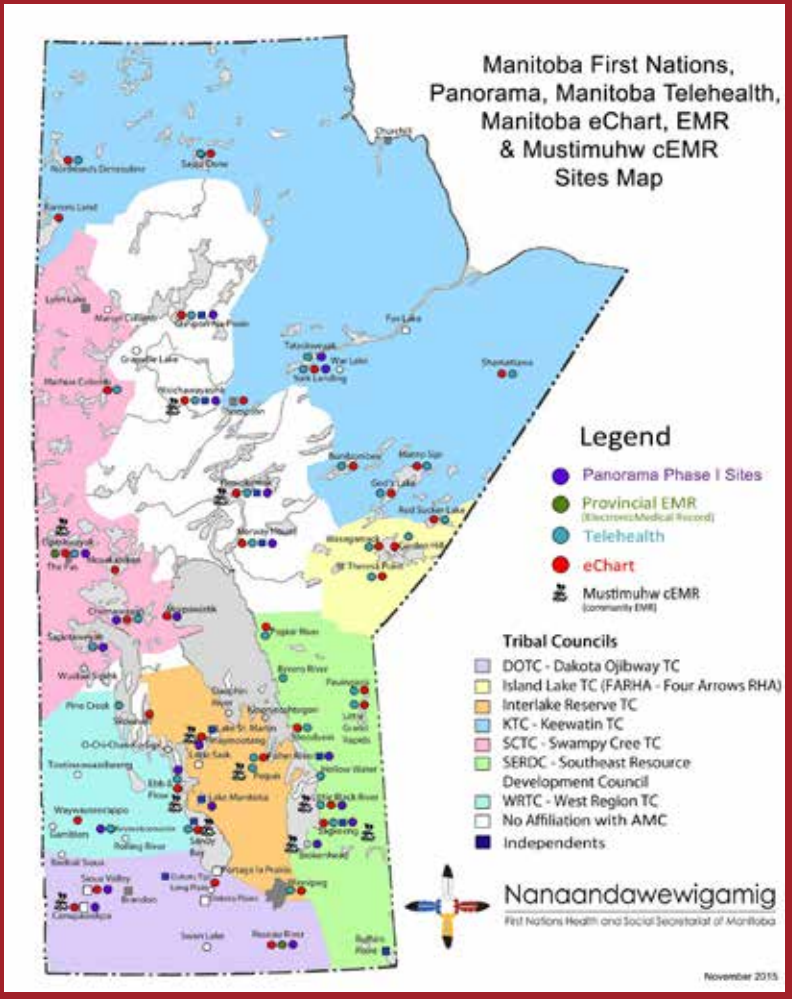
LINKAGE TO FIRST NATION COMMUNITIES

It is the goal that eventually via the Build of the MFNs Network of the Future there will be sufficient connectivity for every community to have every eHealth application that is available to the rest of the province.
Panorama – the electronic public health record that will be used to manage information about immunizations, vaccine inventory, communicable diseases and outbreaks, was deployed to all provincial pilot sites prior to December 2015 when the core team was dissolved due to insufficient funding to proceed with the roll-out of the other modules. Although there has been significant delay in the roll-out to the First Nation communities gaps have been identified within the support process that should be available for MFNs, equivalent to provincial health facilities supported by RHAs. Only 24 sites have been confirmed for Phase 1 as they met connectivity requirements, but it is still the goal of the eHealth Unit to eventually deploy to all MFNs in the future. Please see the panorama website for further information: http://www.panoramamanitoba.ca/about.html

The Regional Telehealth Partnership Committee works to have additional innovative uses of telehealth explored, e.g. desktop telehealth, increased linkage to emergency rooms in hospitals, etc. This would enable remote communities with limited staffing to access the professionals they need to via telehealth. The list of MFN Telehealth sites can be found at http://www.mbtelehealth.ca/locFirstNations.html. New sites are added as funding is approved from Health Canada's First Nations and Inuit Health Branch Headquarters.

eChart Manitoba is available at all FNIHB nursing stations, a few Health Centers and the 2 Federal Hospitals (Percy E. Moore & Norway House). Health Canada and Manitoba eHealth seek to expand deployment to all FN health facilities. Further information on First Nation health linkages to eChart can be found by visiting: www.connectedcare.ca/echartmanitoba/. If your community has not taken part in an eChart information session yet, please do so to get your community engaged in the said initiative. We look forward to your feedback as we are aware there are challenges with eChart and want to ensure we are representing concerns at the planning tables accordingly.

"Further work will be done once supports are in place for the Youth Suicide crisis that has occurred in MFNs."



The Health & Social Portal continues to evolve as the increased need for communication between the communities and regional organizations becomes a higher demand. The revamping of the portal was required after the transfer of the health programs from AMC to Nanaandawewigamig as the linkage was to the former website. Further work will be done once supports are in place for the Youth Suicide crisis that has occurred in MFNs. Many recommendations came out of the 1st Annual MFNs ICT Summit that was held on March 22nd – 23rd, 2016, at the Best Western Airport Hotel in Winnipeg, MB. One key one being to continue building working relationships and utilize eHealth tools to better service our communities, addressing the mental wellness crisis occurring in the communities by linking the people with specialists and teams that could provide resources that would otherwise not be available without ICT. Thus work that was delayed for some time with the Youth ICT Committee was reignited via the implementation of the Youth Coalition on Suicide Prevention.
The eHealth Unit continues to negotiate funding for the cEMRIII project – testing interoperability (data exchange) between cEMR with a provincial EMR, and now eChart and Panorama. With all the turnover occurring in the Federal and Provincial governments and a lack of increased funding to eHealth pots available to First Nations nationally it has been a challenge to get the funding required to implement the data exchange platforms required.

STATUS OF ACTIVITIES FOR 2015-2016

The Nanaandawewigamig eHealth team participates in the following activities:

- Manitoba First Nation Technology Council (MFNTC) – co-chaired by Chief David Crate and Chief Nelson Genaille who represent the Northern and Southern Independent nations, and 7 Tribal Council appointees are on the Committee
- Formation of eANISKOPITAK
- Manitoba TeleHealth First Nations Expansion projects and the Regional Telehealth Partnership table with Manitoba Health, Manitoba eHealth, Broadband Communications North, FNIHB MB, FNIHB HQ among the partners, with Tribal Councils as ad hoc
- Manitoba eHealth Coordination of Care Committee
- Manitoba eHealth and the deployment of eChart Manitoba
- Many Panorama Committees
- Mustimuhw Community Networking Committee
- Privacy & Security Meetings
- Many presentations to communities, Tribal Councils and the PTO Grand Chiefs.

The eHealth team has been selected to do 4 presentations at the national COACH eHealth Conference in Vancouver, BC, in June of 2016. They are on eHealth Governance (eANISKOPITAK), Panorama, Building the MFNs Network of the Future, and "Imagine" (connecting the dots through eHealth systems). This speaks volumes as it shows that there is national recognition that our team is trailblazing the way in innovative eHealth projects that are guided via the grassroots feedback and input.
All eHealth inquiries can be routed to Tracy Thomas, eHealth Program Assistant, at tthomas@fnhssm.com, and you will be directed to the appropriate staff member who works on the initiative you have questions or comments about. Stay tuned for all the documentation and reports that will be available on our portal in the Fall of 2016.

ACCOMPLISHMENTS FOR 2015-2016

- Resolution passed for the formation of eANISKOPITAK – a First Nations led regional eHealth governance body, the first of its kind across the country.
- Funding of the Roadmap Development Project from AANDC/INAC (250K). 7 years of planning and advocacy for funding can now come to fruition.
- The First Nations Panorama Project Trainer position was filled and the Panorama Interoperability issues were brought to the forefront as imperative in the implementation of systems going forward.
- All components of First Nations eHealth deployment continue to be considered accomplishments as the challenge of having enough internet capacity and personnel training is a huge feat in itself!

"The eHealth Unit strives to meet the vision of implementing every single Overall Goal of the MFNs eHealth Long Term Strategy by 2022."

DIABETES INTEGRATION PROJECT

STAFF

Caroline Chartrand, RN
Director, DIP

Lorraine McLeod, RN
Province Wide Coordinator

Judith Buck, RN
Thompson Team

Cynthia Spence, LPN
Thompson Team

Kerri Linklater, LPN
Dauphin Team

Destiny Nepinak, LPN
Dauphin Team

Sharon Flett, LPN
Winnipeg Team

Jocelyn Bruyere, RN
Foot Care and Chronic Disease

Monique Lavallee
Administrative Support

Darlene Spence
Administrative Support

Stephanie Hnatiuk
Dietitian (until Feb 2016)

Lawrence Mason
Finance (until March 2016)

Dr. Barry Lavallee
Medical Consultant

Margaret Lavallee
Elder

Phyllis Wood (until July 2015)

Belinda Harper, LPN
Winnipeg Team

INTRODUCTION

The Diabetes Integration Project had an exciting year in preparation for the merger with the First Nations Health and Social Secretariat of Manitoba Inc. The provision of mobile diabetes care and treatment services in 20 First Nations communities is supported through a number of partnerships with key specialty areas.

KEY ISSUES/CHALLENGES

Given the high incidence, prevalence rates and complications of type 2 diabetes in the Indigenous population, the Diabetes Integration Project is a mobile diabetes care and treatment service model intended to address the care and treatment needs for First Nations people who have been diagnosed with type 2 diabetes. A number of clinical services are provided to assess the health status of each client and provide client centered care.

Addressing chronic diseases in First Nation communities requires a two pronged approach as the best means to reduce the impact of diabetes and its complications. Increasing the resource base for DIP and influencing both provincial and federal governments to incorporate a screening, location of disease and treatment platform in the current health care system are necessary and proven best approach. Eliminating poverty is central to reducing complications for those living with type 2 diabetes.

The expansion of the Diabetes Integration Project into the 43 remaining First Nations communities remains a challenge. Political support and advocacy is required to negotiate additional Aboriginal Diabetes Initiative funds to allow for expansion without jeopardizing the community based funding or resources.

LINKAGES TO FIRST NATION COMMUNITIES:

DIP North Team
The Thompson Team is located at the Keewatin Tribal Council Office in Thompson, Manitoba. The Thompson Team provides mobile diabetes care and treatment services to the six First Nation communities in Northern Manitoba. Community Visits are scheduled on a quarterly basis as follows:

- Chemawawin First Nation (Easterville)
- Tataskweyak First Nation (Split Lake)
- Nisichawayasihk First Nation (Nelson House)
- Bunibonibee First Nation (Oxford House)
- Manto Sipi First Nation (God's River)
- God's Lake First Nation

DIP Winnipeg Team
The Winnipeg Team provides mobile diabetes care and treatment services to five First Nation communities in Southern Manitoba. Community Visits are scheduled every two months as follows:

- Hollow Water First Nation
- Peguis First Nation
- Long Plain First Nation
- Swan Lake First Nation
- Sandy Bay First Nation
- Roseau River First Nation (inaugural visit – August 2015)

DIP Dauphin Team
The Dauphin Team was launched in September 2009 and provides mobile diabetes care and treatment services to eight First Nations communities in the West Region Tribal Council region. Community Visits are scheduled on a quarterly basis as follows:

- Pine Creek First Nation
- Skownan First Nation
- Ochichakkosippi First Nation (Crane River)
- Ebb & Flow First Nation
- Rolling River First Nation
- Keeseekoowenin First Nation
- Gambler First Nation
- Non-Affiliated - Tootinaowaziibeeng First Nation (Valley River)

Meetings with Tribal Councils/First Nations/ Health Authorities
A number of meetings/presentations have been held to provide information on the DIP Project, discuss issues/concerns and to collaborate on the coordination of diabetes care and treatment services as follows:

May 4, 2015 – *with FNIHB Nursing Directorate*

May 11, 2015/June 9, 2015 – *with Danielle Wiebe -Interlake Eastern (IERHA)*

May 13/November 3, 2015 – *with Chemawawin First Nation*

May 21/September 8, 2015 – *with Ontario Renal Network*

May 26/July 2, 2015 – *with Roseau River First Nation*

June 10, 2015 – *with Manitoba First Nations Diabetes Leadership Council*

June 11, 2015 – *with the Kidney Foundation of Canada – Manitoba Region*

August 7, 2015 – *with Dr. Jon McGavock, SPOR Diabetes*

August 14, 2015 – *with FNIHB (Health Services Integration Fund)*

September 28, 2015 – *Webinar Presentation (DIP)*

October 14, 2015 – *with West Region Treaty 2 and 4 Health Services*

October 15, 2015 – *with God's Lake First Nation*

October 16, 2015 – *with Four Arrows Regional Health Authority*

October 19, 2015 – *with National Aboriginal Diabetes Association*

October 29, 2015 – *with Tribal Diabetes Coordinators*

November 23, 205 – *with Gladstone Health Services/ Sandy Bay Health Fair*

December 7, 2015 – *with West Region Treaty 2 and 4 Health Services/Prairie Mountain Health*

December 8, 2015 – *with KTC Health Directors*

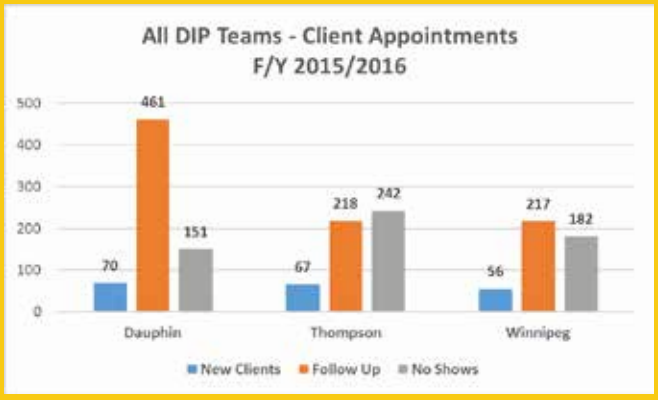
January 11, 2016 – *Keewatin Tribal Council ADI Workers – (canceled due to injury)*

January 27, 2016 – *Renal Research Meeting with Dr. Peachy*

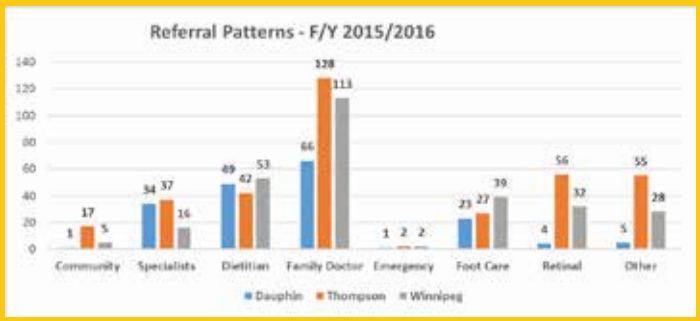
March 1, 2016 - *Keewatin Tribal Council Health Forum*

STATUS OF ACTIVITIES FOR 2015-16

DIP continues to provide mobile diabetes care and treatment services to twenty (20) First Nation communities in Manitoba. DIP utilizes the Canadian Diabetes Association Clinical Practice Guidelines for the Prevention and Management of Diabetes (2013) as the "Gold Standard of Care" which provides a framework for the diabetes care and treatment activities provided by the Mobile Diabetes Health Care Service Delivery Teams.



DIP Team Referral Patterns



"One priority is to develop a workforce that is fully aware of the unique history, knowledge of the cultural values and belief system..."

ACCOMPLISHMENTS FOR 2015-16

The DIP Model of Care utilizes an anti-racist, anti-colonial approach and builds on the strength of the First Nation communities in its delivery of care to the Indigenous population. The DIP Project is based on a one to one patient to one provider model. The one patient to one provider model allows DIP to work with each client individually to meet the needs of each client and allows for the development of a therapeutic relationship. Trust is developed usually over two to three clinical visits and clients are open to discussing sensitive areas during the clinical assessment. DIP has demonstrated the success of this approach in the clients' ability to manage their diabetes improves thereby reducing the progression of diabetes related complications.

Training and capacity development activities are a very important aspect of mobile diabetes care and treatment service delivery. One priority is to develop a workforce that is fully aware of the unique history, knowledge of the cultural values and belief system, as well as to ensure the DIP Team nurses have the skills necessary to conduct the clinical assessments. Through training and capacity development activities, the DIP Team Nurses are supported to engage with clients from an anti-racist, anti-colonial and strength based approach. Clients are supported to make changes in their diets, physical activity and taking their medication. Clients are also supported if they choose the traditional health and healing route.

All DIP Team nurses are experts in "Point of Care Testing" to assess diabetes management, kidney damage and kidney function. Testing produces quick results in 6 - 12 minutes. Client education is provided based on the results, which creates an opportunity for education to increase awareness of their condition and what clients need to do to improve their health. Clients have advised they like the fact that results are obtained immediately and the education is tailored to the individual client.

Accomplishment - FINISHED Kidney Screening Project
The partnership developed between DIP and the Manitoba Renal Program has been very significant given the state of chronic kidney disease seen in the DIP clients. Dr. Paul Komenda, Nephrologist has been very instrumental in working collaboratively with Dr. Lavallee, DIP Medical Consultant on shifting the focus of care and treatment intervention efforts to kidney protection. This partnership was instrumental in the successful proposal submission of the FINISHED Kidney Screening Project.

FINISHED was a three-year project that provided mobile point-of-care kidney disease screening, risk prediction and treatment through a proven model of healthcare delivery in First Nations communities. The FINISHED project began in October 2012 and ended in March 2015 and was based on the Diabetes Integration Project Model of Care. The Project targeted 11 First Nation communities across the West Region and Island Lake Tribal Council areas. Eligible children and adults (>10 years old) were screened using validated predictors of chronic kidney disease progression. In total, there were over 1,900 First Nation individuals screened in Manitoba.

The First Nations Community Based Screening to Improve Kidney Health and Prevent Dialysis (FINISHED) has successfully demonstrated that active community based screening conducted by mobile screening teams that use modern and efficient risk assessment tools are feasible, affordable for high-risk populations and can lead to improved kidney care. In addition, it can reduce the downstream costs of dialysis.

Accomplishment - Strategies for Patient Oriented Research (SPOR) – Kidney
From 2012-2015, the Diabetes Integration Project and Manitoba Renal Program partnered in a population health initiative to screen for, triage and treat chronic kidney disease in over 2000 First Nations people in Manitoba. FINISHED provided rural and remote First Nations adults and children (>10) with in community comprehensive screening for CKD, hypertension and diabetes in addition to real time risk prediction for CKD, counseling and appropriate referral to primary care or nephrology teams based on the client's risk profile.
The SPOR - Kidney application is an extension of the FINISHED Project and is co-lead by Dr. Adeera Levin, University of British Columbia and Dr. Paul Komenda (Manitoba Renal Program, University of Manitoba) and Dr. Barry Lavallee (Indigenous Lead). This is a 5 year initiative which will run from September 2016 – March 2021.

Accomplishment - Strategies for Patient Oriented Research (SPOR) – Diabetes
The Diabetes Integration Project partnered with the University of Manitoba in a joint application to the Canadian Institutes for Health Research (CIHR) over the next five years. The Diabetes Integration Project will be involved in the development of a "National Training in Culturally Safe Diabetes Education."
This research project builds on the success of the DIP Model of Care, which builds upon the anti-racist, anti-colonial, strengths based approach developed by the Diabetes Integration Project. The goal is to develop an education program to train healthcare practitioners and students in a novel culturally appropriate and safe model of First-Nations community-based diabetes care. This training program will focus on reaching primary care providers across Canada who care for both Indigenous and non-Indigenous vulnerable persons living with diabetes.

Foot Care and Chronic Disease

STAFF

Jocelyn Bruyère RN, BScN, BA, MSc.
Regional Foot Care and Chronic Disease Coordinator

Pam Swain
Foot Care Assistant

KEY ISSUES/CHALLENGES

Training of foot care nurses for the Home and Community Care Program for each First Nation was seen as a very positive move for the Nations. However, some of the policy challenges have been that the Home and Community Care Nurses, while being able to do foot care for their clients, were expected by their communities to provide foot care for all the First Nation's members. Because of the large numbers of people diagnosed with diabetes, the demands were great. The directive from FNIHB was that the Home and Community Care Nurses who had foot care training were to restrict the provision of foot care to the Home and Community Care clients.

A proposal which resulted from the SEHC/AMC Patient Wait Times Guarantee Project (2008) entitled First Nation Basic Foot Care Program: A Solution to Reduce Diabetes Foot Complications and Amputations Rates has now been updated and revised (2016) and is ready for submission to the federal government by the First Nations Health and Social Secretariat of Manitoba.

LINKAGES TO FIRST NATION COMMUNITIES

The Diabetes Integration Project has a strong partnership to the Manitoba First Nation Diabetes Leadership Council (MFNDLC). The Foot Care and Chronic Disease Unit has strong linkages with its foot care graduates. There are now 40 BCRs and two Tribal Councils adopting the Basic Foot Care Standards, Policies and Procedures Manual. The process of adoption will continue with the First Nation Health Authorities. The Foot Care and Chronic Disease Capacity Building Work Shops provide an opportunity for the First Nations Health Care Workers (including nurses) to attend and it provides for skills development at each level.

Below is Dr. Barry Lavallee, MD. Presenting on the need for strong connections and bringing First Nations reality in patient care. His topic:

The non-deficit approach to client care and partnering: client/nurse/ADI worker – applying First Nations values to client care

STATUS OF ACTIVITIES FOR 2015-16:

There were ten graduates from the DIP Foot Care Program through the Assiniboine Community College (ACC). Further to their 148 hours course they were given a two day additional training in ABPI, familiarizing of autoclaving and a consultation and orientation to the Standards Policies and Procedures Manual. Most First Nation Home and Community Care clients now receive foot care and will be monitored for diabetes complications.
Assiniboine Community College – Foot Care Course:
The foot care training for the Home and Community Care Nurses for this fiscal year took place at the Assiniboine Community College in Brandon on the following dates:

Course 1 & 2	September 22-27, 2015
Course 3 & 4	October 21-25, 2015
Course 5, 6 & 7	November 18-27, 2015

The ACC courses taken were as follows:

Course #1 HLTH-0218 Nursing Foot Care Introduction
24hours 5 CEUs

Course #2 HLTH-0219 Foot Assessment & Intervention
32 hours 6 CEUs

Course #3 HLTH-0228 High Risk Feet – Theory
20 hours 4 CEUs

Course #4 HLTH-0229 High Risk Feet – Clinical
16 hours 4 CEUs

Course #5 HLTH-0230 Diabetic Feet – Theory
20 hours 4 CEUs

Course #6 HLTH-0231 Diabetic Feet – Clinical
16 hours 4 CEUs

Course #7 HLTH-0232 Foot Care – Small Business
20 hours 4 CEUs

The following picture is of the foot care graduates and their instructor: Foot Care Training.

ABPI, AUTOCLAVE, AND BASIC FOOT CARE STANDARDS, POLICIES AND PROCEDURES MANUAL TRAINING

1. Basic Foot Care Standards, Policies and Procedures Manual

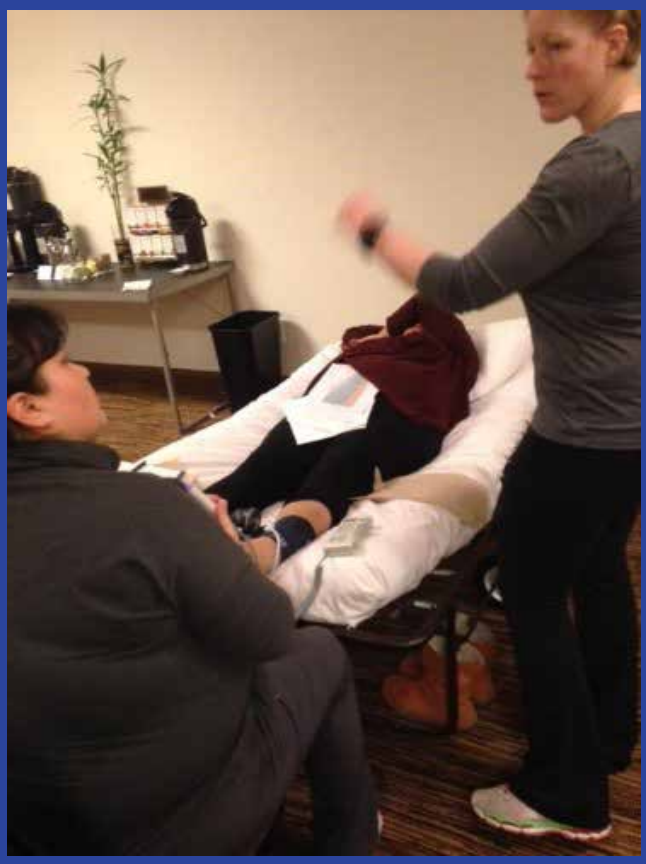
The Basic Foot Care Standards, Policies and Procedures Manual is crucial to the foot care nurses working in First Nation communities.

"The standards, policies and procedures in the manual are aligned with the most current evidence based practice guidelines and reflect the realities of delivering foot care to First Nations people living in Manitoba" (BFCSPP Manual, DIP, 2011)

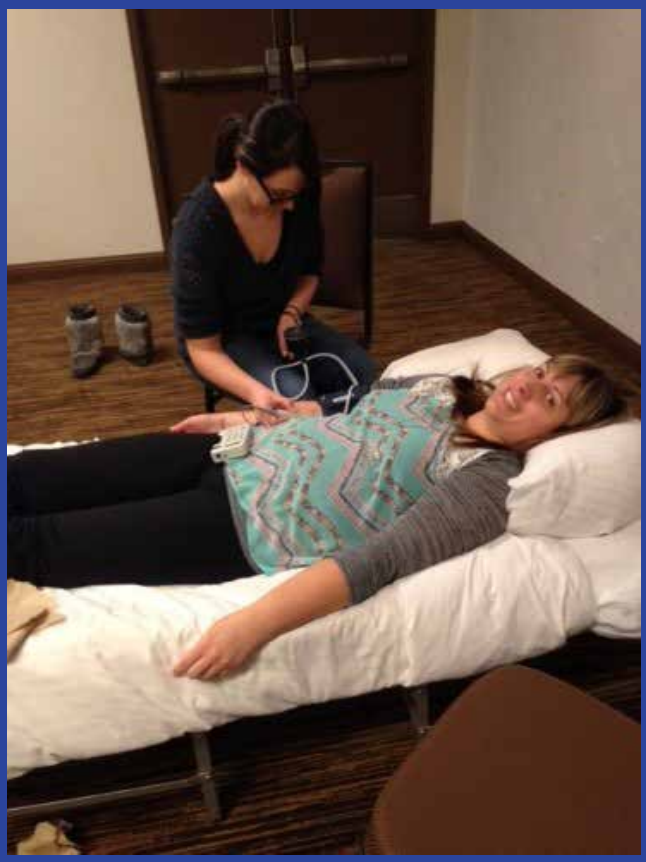
The review of the manual was conducted by Jocelyn Bruyere, Regional Foot Care and Chronic Disease Coordinator. This session also served as a consultation and discussions on issues and updates in the manual.

2. Ankle-Brachial Pressure Index (ABPI)

An ABPI is a non-invasive procedure which is used to identify arterial perfusion/tissue perfusion in the lower limbs. The graduates of the Assiniboine Community College (ACC) Program were provided with additional training in performing ABPIs using a hand-held Doppler to compare the ankle systolic reading and the brachial systolic reading. Calculations result in a number index. Toe pressures were also taught. The instructor was Tanya Girouard-Stringer, the Enterostomal Therapy Nurse at FNIHB, Manitoba Region.



Tanya Girouard-Stringer, FNIHB, & Students



ABPI Students Practice

3. Autoclave

The importance of learning to use the autoclave safely is an important skill for the nurses. The autoclave which were purchased for many First Nations were from the Stevens Company, thus, Megan Sodomsky gave the orientation lecture and provided for a hands–on practice.

Megan Sodomsky, Stevens Company, and Students

Workshop: Working Together to Prevent Chronic Disease and Complications: Feb. 10, & 11, 2016
The theme for this year's workshop was "Working Together to Prevent Chronic Disease and Complications" The work shop was held at the Delta Winnipeg on February 10 and 11, 2016. The 100 participants were First Nations Home and community Care Nurses, Aboriginal Diabetes Initiative Workers, Tribal Home and Community Care Coordinators, Tribal Nursing Officer and Tribal Diabetes Coordinators. Nurses expressed appreciation of the workshop which refreshes their skills in chronic disease management and foot care. The ADI workers were included this fiscal year and they expressed their appreciation for the opportunity to attend.

Chief Francine Meeches: Opening Remarks

The plenary presentations included the following:

A. Tanya Girouard-Stringer, BN, ET – FNIHB, presented Diabetic Foot Ulcers and Wound Care

B. Dr. Barry Lavallee – Medical Advisor, presented The Non-Deficit Approach to Client Care and Partnering: Client/Nurse/ADI Worker, Applying First Nation Values to Client Care

C. Marlene Del Pino – FNIHB, presented Preventing and Managing Chronic Disease on First Nation Communities – A Framework for Action

D. Dr. Allison Dart – University of Manitoba, presented Children with Diabetes and Kidney Disease.

E. Lori Berard RN, CDE, – WRHA Health Sciences Centre, presented Welcome to Diabetes, Disease, Diagnosis, Decisions and Discussion

The work shop activity alleys provide for specific Skills training for those attending. Examples of those in the past year were the following: There were 5 Activity Alleys which consisted of approximately 20 delegates per alley. The following presenters were:

1. Melissa Spence – Saint Elizabeth Health Care, presented Accessing Information Resources for Diabetes Education
2. Derek Risbey – Grand Medicine, presented Drugs Used for Diabetes Management
3. Flora Proulx – Foot Care Nurse, presented Teaching Foot Care to Individual Clients (with the assistance of Elizabeth McKay, ADI Worker)
4. Tannyce Cook – IRTC, presented Working Together to Help Clients Lower their A1Cs
5. Natalie Wowk–Slukynsky – FNIHB, presented Breast Feeding and Early Childhood Nutrition to Prevent Chronic Disease

All nurses and participants were awarded a certificate of attendance.

WORKING TOGETHER TO HELP CLIENTS LOWER THEIR A1C: (ACTIVITY ALLEY)

Tannyce Cook, RN, BN – Tribal Diabetes Coordinator, IRTC

CERTIFIED DIABETES EDUCATOR EXAM (CDE):

The following First Nation communities had nurses sponsored by the DIP Foot Care and Chronic Disease to write the CDE exam May 28, 2016. They were provided with the Canadian Diabetes Association Building competency in diabetes Education: The Essentials. Six (6) Nurses wrote the exam. The nurses were from the following First Nations:

1. Interlake Reserves Tribal Council
2. Opaskwayak Cree Nation (2)
3. Little Grand Rapids First Nation
4. Black River First Nation
5. Skownan First Nations (deferred)
6. Swan Lake First Nation

ACCOMPLISHMENTS OF 2015-16

Jocelyn Bruyere, Regional Foot Care and Chronic Disease Coordinator (DIP)

There were ten graduates from the Foot Care Program (ACC). Further to their 148 hours course they were given a two day additional training in ABPI, familiarization of safely autoclaving and an orientation and consultation with the Standards Policies and Procedures manual. Most First Nation Home and Community Care clients now receive foot care and will be monitored for diabetes complications.

Nurses expressed appreciation of the workshop which refreshes their skills in chronic disease management. The ADI workers were included this fiscal year and they expressed their appreciation enthusiastically for the opportunity to attend. Results are yet to be received of the six nurses who wrote the CDE exam.

The Basic Foot Care Standards, Policies and Procedures Manual has been adopted by BCR by 40 First Nations and 2 Tribal Councils. We will be asking for adoption in the rest of the communities through their Health authorities.

We thank the Program Capacity Development Unit who are valued allies in the struggle to ensure that the First Nations are able to meet as much as possible the challenges posed by the high rates of diabetes and complications and chronic disease.

NANAANDAWEWIGAMIG

FOLLOW US ON SOCIAL MEDIA!

facebook.com/nanaandawewigamig

twitter.com/nanaandawe

instagram.com/nanaandawewigamig

HEAD OFFICE: 472 Madison St, Winnipeg, MB, R3J 1J1 ● Telephone: (204) 942-9400 Fax: (204) 946-9761

Sub Office: Suite 600 – 6th Floor Kensington Building – 275 Portage Avenue – Winnipeg, MB, R3B 2B3